STATE OF KANSAS SHARED LEAVE PROGRAM Wichita State University Shared Leave Request Form

When completing form please write legibly and be clear and thorough with explanations. A Certification of Healthoider Form must also be completed for each new request or request to extend shared leave.

7R EH FRPSOHWHG E\ HPSOR\HH RU HPSOR\HH¶V UHSUHVHQWDWLYH EmployeemyWSU ID # Name: Home Address: _____ State: Zip Code: _____ City: Home Telephone: Work Telephone; Department Name: 6XSHUYLV<u>RU¶V 1DPH</u> Extension: Date of Employment: Request is for: Self Family Member Name of Family Member and explanation frelationship (please include age if child): Date illness/injury began: _____ Anticipated duration: Estimate number of hours requested:

Date all leave will be exhausted: Last day of work: Shared leave will only be granted for serious, extremete-threatening illnesses, injuries, impairments or physical or mental conditions which have caused, or are likely to cause the employee to take leave without pay or terminate employment. receiving workers compensation, letterm disability payments, or both, you are not eligible to receive shared leave per WSU policy. Shared leave wilhot be granted for common or minor illnessimuries, impairments or physical or mental conditions. Describe and provide any necessary informatinant would help in concluding that the illness, injury, impairment or physical or mental condition is serious, extreme, or life threatening: Is this a workrelated injury? \$UH \RX FXUUHQWO\ UHFHLom?LQJ :RUNHU¶V &RPSHQVDW Are you currently receiving Longerm Disability? Have you applied for Long erm Disability?______ Date applied: \$Q HPSOR\HH UHFHLYLQJ:RUN-FTeldriff Disabbritp is inleQqible torlSRacedRelaveRQJ

I certify that I understand, agree to and meet the requiremand toon itions of the shared leave program as authorized in WSU policy. I authorize the appointing authority to obtain any necessary information regarding my request for shared leave and that information with the Shared Leave Committee. I understant definition is not subject to appet a lectare under penalty of perjury that the foregoing is true and correct. Executed on date below.