

CONFIDENTIAL



The University of Georgia
Shared Leave

Request

Date of request: _____

Employee name _____ Last _____ First _____

UGA ID *(What is my ID?)* _____ Complete home mailing address _____

Email _____ Work phone _____ Home or alternate phone _____

REQUIRED! If you do not complete the box below, your request will NOT be processed.

Number shared leave hours this request (120 maximum)

Number previous requests for shared leave during this calendar year (4 maximum per year allowed)

If your request is approved, HR will notify your department about the adjustment to your leave balance.

Person(s) in your unit who handle payroll or leave adjustments

<input type="text"/> Name 1	<input type="text"/> Name 2
<input type="text"/> Email address 1	<input type="text"/> Email address 2
<input type="text"/> Phone number 1	<input type="text"/> Phone number 2

- I understand the receipt of shared leave is not a form of job protection and does not protect me from disciplinary actions for cause.
- I am an employee of the University of Georgia Full time Part time and have worked in a benefit-eligible position at UGA for at least one year **and** a minimum of 1250 hours.
- I am experiencing a life-threatening critical illness, critical injury, or major surgery (hereafter "this event") as certified by my physician on the attached *Physician's Certification of Life-Threatening Medical Condition Form*.
- I understand shared leave cannot be used intermittently, except for limited intermittent treatments such as chemotherapy, radiation, dialysis, or physical therapy related to "this event." I understand I will be eligible for shared leave **ONLY** during the time my physician indicates I am in, or recovering from "this event."
- I either have or will exhaust all my sick and annual leave during the time I am in, or recovering from "this event."
- I understand I cannot receive shared leave if I am eligible to receive other salary continuation benefits, including state of Georgia Workers' Compensation, disability benefits, retirement benefits, or unemployment benefits. I understand if I have short- or long-term disability coverage, I must apply for disability benefits when I become eligible under the plans. I understand I cannot receive shared leave past my disability benefit start date.
- I understand it will be my responsibility to personally contact potential donors and request they submit a *University of Georgia Shared Leave Donation Form* to Human Resources in order to donate leave to me, and that I must not use University resources (e.g., email) to solicit donations; however, my departmental management may choose to do so on my behalf.
- I understand I will not be allowed to receive leave donations from my direct or indirect subordinates.
- I understand I must apply for family leave (FMLA) prior to requesting shared leave and the time during which I am using shared leave will run concurrently with any of the Family Medical and Leave Act (FMLA) leave to which I am entitled. (FMLA information: http://www.hr.uga.edu/fmla/fmla_intro.html.) **I am attaching a copy of my FMLA Departmental/Institutional Response form.**
- **I understand the maximum number of total shared leave hours I may request during my employment at UGA is 480, or prorated, based on my percent time worked.**

I certify all the above are true. I hereby request permission to solicit leave donations from other University of Georgia employees to be added to my sick leave account:

Employee Signature _____ Date _____
(Or the printed name **and** signature of the employee's supervisor, unit head in the employee's department, or person with documented power of attorney)

Send all required, completed forms in a "confidential" envelope to:
 UGA Human Resources
 ATTN: Shared Leave Program
 215 S. Jackson St.
 Athens, GA 30602

Please keep a copy for your records.