APPLICATION FOR VOLUNTARY SHARED LEAVE POOL

Per Policy 3-21C, Employees may contribute vacation hours, including those that would be lost at the beginning of the vacation year (November 1) to a general Voluntary Shared Leave (VSL) pool or designate a specific recipient. Employees who have exhausted all available leave due to a prolonged medical condition of their own or that of an immediate family member may request hours from the VSL pool. VSL does not apply to incidental, normal, or short-term medical conditions. Submit all documents to Human Resources, MA 111, MC 1016.

Complete the application and attach a brief—one page or less—cover letter explaining why you are requesting VSL hours. Include, the dates/hours you expect to be on leave and an explanation of supporting documents if necessary. A physician's statement describing the specific nature of the medical treatment (preferably in laymen's terms) and an estimated recovery or treatment time must accompany this application.

Part 1. Employee Information

Emplo	yee Name:	Department:	MC:	
Home	Address:	City/State/Zip:		
Home	Phone:	Work Phone:		
Part I	I. Request for Award from VSI	L Pool		
_	est an award from the Voluntary S vn, or an immediate fami	Shared Leave Pool because of the catastrophic il ly member.	lness or injury of (check one):	
If the	request is because of an illness or	injury of an immediate family member, please J	provide,	
	1) The name of the ill/injured	individual:; and		
	2) The relationship to the emp	oloyee:		
Have :	you applied for VSL Hours prior	to this request? Yes: No:		
Is this	request related to a prior request?	? Yes: No:		
Part I	II. <u>Verifications</u>			
1.	I understand that I must meet the award of VSL time.	I must meet the requirements set out in the Voluntary Shared Leave Pool policy to be eligible for an ne.		
2.	I understand that the decision of the VSL Pool Committee concerning my request for an award of time from the VSL Pool will be subject to the appeals process in WSU Policy 3-31.			
3.	I understand that my application will not be considered unless all requested documents are included.			
4.	Human Resources and the mer	ion contained in the application documents winders of the VSL committee. I further understaken, however in the event of disclosure, I here bility associated therewith.	tand that all reasonable precautions to	
	Employee Signature	Date	Extension	

Part IV. Departmental Information to be completed by the employee's supervisor Employee's last work day: Classified Staff Professional Staff 1) 2) Will the employee exhaust all sick, annual, compensatory, and personal leave due to the condition for which they are applying to the VSL Pool? Yes No Is this a prolonged medical condition that is likely to require the employee's absence from duty for at least 20 3) workdays for self or as a necessary care-giver for the medical condition of an immediate family member? Yes_____ No____ 4) I understand that any hours awarded will be paid from the same budget as the employee's salary. Yes_____ No____ (For details contact Human Resources).____ I authorize the VSL committee to award the following (check one or fill in number): 5) • Number of hours necessary to cover employee through the qualifying period for Long-Term Disability Hours necessary for recovery as defined by physician • Maximum of hours Supervisor input is significant to the outcome of this request. Comments should be either attached as a separate sheet 6) and submitted as part of this application or sent under separate cover to HR, MC 1016, Attn: Assistant Director. Supervisor Signature Date Extension NOTE: Failure to submit any additional requested information within 10 (ten) business days of request may result in rejection of application. For VSL Pool Administrator Use Only Date application reviewed: Employee Service Date: Eligibility for VSL Pool met? Yes No Additional information requested from: ______ Date: _____ Date Received: ____ VSL Pool hours approved: _____ If no, reason: _____ Other Comments: (FMLA, SL Grandfather, prior VSL usage)