

## **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**.

Please use the below checklist to assist you in applying for hours through the Voluntary Shared Leave Pool. If you have any questions or concerns regarding voluntary shared leave, please feel free to contact the Human Resources Leave Coordinator. Once complete submit all necessary documents including medical information to Human Resources. You can find them at MA 111, MC 1016.

**Complete Application-** page one of the application completed and signed by the employee requesting VSL. Page two of the application completed and signed by the employee's supervisor.

**Physician's statement-** A statement from your treating physician that clearly describes the type of medical treatment you will receive, using simple language that is easy to understand. The statement should also include an estimated recovery or treatment time. If you have previously provided medical information for FMLA, you can use the same documentation for your VSL application.

**Cover letter-** one page or less, explaining the reason for requesting VSL hours. This should include the dates and hours you are requesting leave and any information specific to your request.

In addition to the above items, supervisor input is encouraged. Supervisors may include comments attached as a separate sheet and submitted as part of this application or sent under separate cover to HR, MC 1016, Attn: Leave Coordinator

Please note incomplete applications or failure to respond to requests for additional information or clarification within 10 (ten) days may result in a rejection of your request. Human Resources will report awarded hours to Employee, Supervisor and Payroll once the committee has made a determination.

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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

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

## Part II. Request for Award from VSL Pool

I request an award from the Voluntary Shared Leave Pool of \_\_\_\_\_ hours. The request is being made because of the catastrophic illness or injury of (check one): \_\_\_\_\_ my own, or \_\_\_\_\_ an immediate family member.

If the request is because of an illness or injury of an immediate family member, please provide,

1) The name of the ill/injured individual: \_\_\_\_\_

2) and The relationship to the employee: \_\_\_\_\_

Have you applied for VSL Hours prior to this request? Yes: \_\_\_\_ No: \_\_\_\_

## Part III. Verifications

1. I understand that I must meet the requirements set out in the Voluntary Shared Leave Pool policy to be eligible for an award of VSL time.
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. I understand that the information contained in the application documents will be reviewed by a representative of Human Resources and the members of the VSL committee. I further understand that all reasonable precautions to protect the information will be taken, however in the event of disclosure, I hereby release Weber State University and its representatives from any liability associated therewith.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Date

**Part IV. Departmental Information to be completed by the employee's supervisor**

- 1. Employee's last work day: \_\_\_\_\_ Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_
- 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 \_\_\_\_\_ unknown \_\_\_\_\_
- 3. Has the employee been absent from duty for at least 20 workdays for self or as a necessary caregiver for the medical condition of an immediate family member? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Will the employee be absent from duty for at least 20 workdays for self or as a necessary caregiver for the medical condition of an immediate family member? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. 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. Human resources will report any hours awarded to the supervisor, employee, and payroll once the committee has decided.

- 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

- 6. **Supervisor input is significant to the outcome of this request. Comments should be attached as a separate sheet and submitted as part of this application or sent under separate cover to HR, MC 1016, Attn: Leave Coordinator**

\_\_\_\_\_  
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)