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LEAVE SHARING PROGRAM
APPEAL FORM

SECTION I: (Appellant to Complete)

Name: _____ BU Code:____
Last First Middle Initial

UH Username or No.: _____ Job Title: _____

Campus/School/Program:_____

E-Mail Address: _____ Daytime Phone No.:_____

Specific reason(s) to reconsider the decision taken (Attach additional facts, documents, or evidence in support of the request for reconsideration):

_____

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Remedy Sought: _____

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SECTION II: (Leave Sharing Review Committee to Complete)

Date Appeal Received: _____

Date(s) Leave Sharing Review Committee Convened: _____

Date Written Decision Issued: _____

Signature of Leave Sharing Review Committee Chair: _____