

**UNIVERSITY OF HAWAI'I
CERTIFICATION OF ELIGIBILITY**

SECTION I: EMPLOYEE INFORMATION

Employee's Name: _____

Campus/School/Program: _____

SECTION II: ELIGIBILITY CERTIFICATION

The above employee is applying for Shared Leave due to his/her serious illness/injury or to care for a family member with a serious illness/injury. In order to be eligible, the following criteria must be met:

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| 1. Employee has been employed with the University for six (6) continuous months. | Yes | No |
| 2. Minimum of 0.5 FTE | Yes | No |
| 3. Employee is suffering from an illness or injury that is life threatening or critical, severe, debilitating and catastrophic in nature, such as cancer, heart attack or a disabling accident, which does not include minor surgeries, routine pregnancies, illnesses due to colds or flus, broken limbs, or other non-critical conditions, and must be totally incapacitating to cause the inability to work. | Yes | No |
| 4. Employee has exhausted or will exhaust all vacation leave, sick leave, compensatory time credits, temporary disability benefits, and workers' compensation benefits. (Attach supporting documents - if applicable) | Yes | No |
| 5. The illness or injury has caused the employee to be absent from work for at least thirty (30) consecutive calendar days within the past twelve (12) months. | Yes | No |
| 6. Employee is not supported with federal funds | Yes | No |
| 7. The illness or injury is not covered under Chapter 386 HRS, Hawai'i Workers' Compensation Law. If "No", estimated end date: _____ | Yes | No |
| 8. Employee is not eligible or has exhausted all benefits under temporary disability benefits. If "No", estimated end date: _____ | Yes | No |
| 9. Employee has not been disciplined for sick leave abuse within the past two (2) years. | Yes | No |
| 10. Employee has no outstanding salary overpayment | Yes | No |
| 11. Employee is caring for a family member that is suffering from an illness or injury that is life threatening or critical, severe, debilitating and catastrophic in nature, such as cancer, heart attack or a disabling accident which does not include minor surgeries, routine pregnancies, illnesses due to colds or flus, broken limbs, or other non-critical conditions, incapable of self-care, and require full time assistance of a family member. | Yes | No |
| 12. To care for a family member, the employee has exhausted or will exhaust all vacation leave, sick leave under family leave law, and compensatory time credits. (Attach supporting documents - if applicable) | Yes | No |

 Signature of Human Resources Representative

 Date