UNIVERSITY OF HAWAI'I LEAVE SHARING REQUEST FORM FOR PERSONAL ILLNESS/INJURY

Name:			BU Code:
Last	First	Middle	
UH Username or No.:		Job Title:	
Campus/School/Program:_			
E-Mail Address:		Daytime Phone No.:	
I have received shared leav	re credits at UH:	☐ Yes, when_	
I have been totally disabled	l from working since	I am r	equesting approval to
receive hours or	days of shared	leave for use from	to
Specify option(s): \Box	name	and send out an email se	l/program to disclose my eking leave donations on campus/school/program.
	Central Leave Bank		
I have an illness/injury that	meets the definition of seriou	s personal illness/injury.	Describe:
of Physician for Personal Illneare true and accurate. I have compensatory time credits an	an to provide the requested medi- ess/Injury, certifying my personal exhausted or is about to exhaust a d I do not qualify for or have exh	l injury/illness and I attest t all vacation leave (if applica austed or about to exhaust a	hat the above statements able), sick leave, all my benefits under the
credits are to be used only for I also understand that if I filed	nd temporary disability insurance this personal injury/illness. I for disability retirement with the n. I will notify my human resour	e ERS and am approved, I v	will no longer be eligible
Employee's Signature or Authorized Represe		ive	Date
(CAMPUS/SCHOOL/P	ROGRAM TO COMPLETE	2)	
catastrophic in nature that cau The employee has been employee continuous months; exhausted temporary disability benefits; leave abuse; has no unresolve	m an illness or injury that is life to used the employee to be absent from a position with at least fift, and, or will exhaust, all vacation and has not received workers' competed outstanding salary overpayment eave credits from the Central Lea	om work for at least thirty (ity percent full-time equival d sick leave, compensatory ensation benefits; has no dis nt obligations; and is not su	(30) consecutive days. lency for at least six (6) time credits, and sciplinary record of sick upported with federal funds.
☐ Approve this request. To operational needs.	The employee's absence will n	ot result in any undue ha	ırdship on
☐ Partially approve this re	•	to	
(reason for partial appr ☐ Deny this request (reason)	The state of the s		
VP/Chancellor/De	an/Director or Designee		Date