

**Pittsburg State University
KNEA Shared Leave Request/Determination Form**

Employee Name: _____ Department: _____

Part I: To be completed by the employee or the employee's representative

Request is for: _____ Self _____ Family Member

Name of Family Member and explanation of relationship: _____

Date Illness/Injury Began: _____ Anticipated Duration: _____

Estimate of number of hours requested: _____

Date all paid leave will be/was exhausted: _____

Provide any necessary information that would help determine whether this request is eligible for KNEA Shared Leave:

Employee/Representative Date

Part II: To be completed by the Shared Leave Committee

We have reviewed this leave request to determine if it qualifies for the Faculty/KNEA Shared Leave Program.

_____ The employee has used, or will use, all sick leave as of _____; and

_____ The employee has donated one (1) day of sick leave to the faculty sick leave pool during the current academic year; and

_____ The relationship meets the definition of a family member as set forth in the KNEA Memorandum of Agreement if the request is for the care of a family member.

of Shared Leave Hours Approved: _____

PSU KNEA President Date Director, EEO/AA Date

HRS Representative Date

Part III: To be completed by HRS/Payroll Specialist

_____ Approved hours have been added to the requesting employees' sick leave balance.

HRS Payroll Specialist Date