

**SHARED SICK LEAVE PROGRAM FOR FACULTY  
AND UNCLASSIFIED EMPLOYEES**

**Application for Use of Shared Sick Leave Pool**

Employee ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

I am requesting to use \_\_\_\_\_ hours from the Shared Sick Leave Pool. I certify that I meet the eligibility of the University of New Orleans Shared Sick Leave Program. I understand that, if approved, the maximum number of sick leave days/hours that I can draw from the Program is limited to 22 days or 176 hours per calendar year and is also limited to 100 days or 800 hours total participation in the Program. I also understand that this request shall not create a legal entitlement.

I acknowledge that if I am a member of the Teachers' Retirement System of Louisiana (TRSL), any shared sick leave hours for which I am paid will be reported to TRSL as sick leave days used.

In accordance with the Shared Sick Leave Policy, I have attached my personal statement explaining my request.

In accordance with the Shared Sick Leave Policy, [select one]

\_\_\_ I am also approved for Family Medical Leave under the federal Family Medical Leave Act and authorize the Benefits Section of the Office of Human Resource Management to release a copy of my completed WH 380 E – Certification of Healthcare Provider for Employee's Serious Health Condition to the Review Committee to support my serious health condition.

\_\_\_ I am not on Family Medical Leave under the federal Family Medical Leave Act and authorize the Review Committee to review my attached medical documentation to support my serious health condition.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: Complete the above form and attach your statements explaining your request to use hours from the Shared Sick Leave Pool. Forward your completed application to the Office of Human Resource Management. The Shared Sick Leave Review Committee will review all requests and make a recommendation to the President or his/her designee.

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request Disapproved

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
President/Designee