

Shared Leave Request Form
(Please Print)

Employee: _____ Employee ID No. _____
Department: _____ Extension: _____
Supervisor: _____ Date: _____

Reason for Request: Serious illness/injury of employee _____
Serious illness/injury of family member _____
If family member, list name and relationship to employee _____

Provide a detailed description of other illness/injury (attach additional information if needed):

Employee's expected date of return to work: _____

Employee Signature _____ Date _____

Human Resource Services Use Only

Employee eligibility:

Benefit Eligible (circle one): Yes No

1) Is expected to be absent at least five consecutive days: Yes No

2) Exhausted leave as of _____

Amount of vacation leave transferred to employee _____

Leave balance eligible to receive _____

Leave transferred from: BSU employee _____ State of Idaho employee _____

Approved: _____

Disapproved: _____

Jane Kinn Buser, Director

Date