

APPLICATION FOR VOLUNTARY SHARED LEAVE POOL

Per Policy 3-21C, Employees may contribute vacation hours, including those that would be lost at the beginning of the vacation year (November 1) to a general Voluntary Shared Leave (VSL) pool or designate a specific recipient. Employees who have exhausted all available leave due to a prolonged medical condition of their own or that of an immediate family member may request hours from the VSL pool. VSL does not apply to incidental, normal, or short-term medical conditions. Submit all documents to Human Resources, MA 111, MC 1016.

Complete the application and attach a brief—one page or less—cover letter explaining why you are requesting VSL hours. Include, the dates/hours you expect to be on leave and an explanation of supporting documents if necessary. Also, please tell us if you have applied for VSL hours before and if so, is this a related request?

Part I. Employee Information

Employee Name: _____ Department: _____ MC: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Part II. Request for Award from VSL Pool

I request an award from the Voluntary Shared Leave Pool because of the catastrophic illness or injury of (check one): _____ my own, or _____ an immediate family member.

If the request is because of an illness or injury of an immediate family member, please provide,

- 1) The name of the ill/injured individual: _____; and
- 2) The relationship to the employee: _____

Part III. Verifications

1. I understand that I must meet the requirements set out in the Voluntary Shared Leave Pool policy to be eligible for an award of VSL time.
2. I understand that the decision of the VSL Pool Committee concerning my request for an award of time from the VSL Pool will be subject to the appeals process in WSU Policy 3-31.
3. I understand a physician's statement describing the specific nature of the medical treatment (preferably in layman's terms) and an estimated recovery or treatment time must accompany this application.

Employee Signature

Date

Extension

NOTE: Failure to submit any additional requested information within 10 (ten) business days of request may result in rejection of application.

Part IV. Departmental Information to be completed by the employee's supervisor

- 1) Employee's last work day: _____ Classified Staff _____
Professional Staff _____
- 2) Will the employee exhaust all sick, annual, compensatory, and personal leave due to the condition for which they are applying to the VSL Pool? Yes _____ No _____
- 3) Is this a prolonged medical condition that is likely to require the employee's absence from duty for at least 20 workdays for self or as a necessary care-giver for the medical condition of an immediate family member? Yes _____ No _____
- 4) I understand that any hours awarded will be paid from the same budget as the employee's salary. Yes _____ No _____ (For details contact Human Resources). _____
Initial
- 5) I authorize the VSL committee to award the following (check one or fill in number):
 - Number of hours necessary to cover employee through the qualifying period for Long-Term Disability _____
 - Hours necessary for recovery as defined by physician _____
 - Maximum of _____ hours
- 6) Other (Attach a separate sheet. Comments will be kept confidential)

Supervisor Signature

Date

Extension

NOTE: Failure to submit any additional requested information within 10 (ten) business days of request may result in rejection of application.

For VSL Pool Administrator Use Only

Date application reviewed: _____ Employee Service Date: _____ Eligibility for VSL Pool met? Yes ___ No ___

Additional information requested from: _____ Date: _____

Date Received: _____ VSL Pool hours approved: _____ If no, reason: _____

Other Comments: (FMLA, SL Grandfather, prior VSL usage)