



Administrators - Request for Hardship Leave

Please complete Section I. Return this request form to Human Resource Services (Churchill 159).

Section I. Employee's Request

I, (print name) _____, am applying for hardship leave donations in accordance with the provisions for Hardship Leave Donations under the Paid and Unpaid Administrators Leave Policy FAD.011. I certify that:

- I will exhaust all available accumulated leave (accumulated leave includes but is not limited to sick and vacation, and special day accruals) due to illness or injury for myself or my qualified eligible family member.
- The leave qualifies under FMLA/OFLA, and I have provided the required certification forms to Human Resource Services.
- I understand that I must exhaust all monthly accrued leave prior to the use of any donated Hardship leave.
- Unused donations will be transferred to a pool for use by future recipients, once the treating physician has certified that the illness or injury for which the leave was donated has been resolved and the hardship case is closed.

I project that all my accumulated leave will be exhausted on (date): _____.

I am / am not eligible for workers' compensation benefits for this injury or illness.

I am / am not eligible for short or long-term disability insurance benefits.

I am / am not on parental leave.

I understand that approval of this request by Human Resource Services is dependent upon my meeting all the eligibility requirements of hardship leave and that the University cannot guarantee any donation of leave from any other Administrative employee to my leave account.

Employee's Signature: _____ Date: _____

Department: _____

Section II. Payroll Use Only

I certify that (employee's name) _____ leave balances are as follows:

Sick Leave: _____ Date Hours Exhausted: _____

Vacation Leave: _____ Date Hours Exhausted: _____

Special Day: _____ Date Hours Exhausted: _____

Payroll/Signature _____ Date: _____

For Human Resource Services Use Only

Date: _____

Approved

Denied, reasons: _____