BOARD OF REGENTS OF
THE UNIVERSITY SYSTEM OF GEORGIA

GEORGIA STATE UNIVERSITY

SHARED SICK LEAVE PROGRAM – REQUEST FORM

Employee Name: _______________________________ Department: ____________________________________

Employee ID: _________________________________ Hire Date: ______________________________________

Phone#: _____________________________________ Email: ____

I am requesting _____hours of Shared Leave under the terms specified in the Shared Sick Leave Program Policy.

I hereby acknowledge and certify the following:

- I have enclosed a completed physician's certification of a serious health condition for myself or an immediate family member.
- I agree that I will notify the Office of Human Resources if I am approved for benefits under Social Security Insurance or disability retirement prior to or after I begin receiving donated sick leave.
- I acknowledge that I have read and understand the program provision as set forth in the Shared Sick Leave Program policy.
- I understand that documentation of having a Power of Attorney is required with this form if I am acting on behalf of the employee recipient

________________________________ ______________________________________
Date Medical Condition Began Date Medical Condition is Expected to End

________________________________ ______________________________________
Signature of Recipient or Authorized Representative Date

PLEASE COMPLETE AND RETURN THIS FORM TO:
Georgia State University Benefits Office, 1 Park Place, Suite 330, Atlanta, GA 30303-3928 or by fax to (404)413-3324

FOR USE BY THE OFFICE OF HUMAN RESOURCES

Type of Request: Initial Request ___________ Second Request: _____________

Status of Request: Leave Request Approved ____ Leave Request Not Approved ____

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Your request for donated leave cannot be accepted due to the following reasons:
____

____

____ ______________________________
Shared Sick Leave Program Administrator Signature Date

If this request is denied and you wish to appeal this decision, submit your appeal along with this notice, in writing to the AVP, Finance and Administration, Georgia State University.