

Peru State College

Crisis Leave Sharing Program

Shared Leave Request Form

Eligible employees who have exhausted their own paid leave may request donated leave through the Crisis Leave Sharing Program if they are suffering from a catastrophic illness or are unable to work due to pandemic quarantine measures. This program is being expanded temporarily through June 30, 2021.

For more information on this program, please reference the applicable bargaining agreement (SCEA, NSCPA or NAPE) or Board Policy (5102, 5103 or 5104).

Employee Information	
Name: _____	Date of Hire: _____
Position: _____	Date(s) of Absence: _____ to _____
Department: _____	Number of days/hours requested: _____

Description of the Need for Donated Leave:

I have exhausted all earned leave balances and have been absent from work due to a catastrophic illness or pandemic quarantine measures.

I would like to be considered for participation in the Crisis Leave Sharing Program as noted above.

SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO HUMAN RESOURCES FOR COMMITTEE REVIEW

Human Resources <input type="checkbox"/> Verification that Vacation, Sick or Compensatory Time Balances are exhausted.
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Crisis Leave Sharing Program Committee	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
____ Number of days/hours approved by committee (90 days maximum in 12 month period)	Total Days/Hours Used _____
Human Resources: _____	Date: _____

Name of Committee Members
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