ANNUAL LEAVE BANK APPLICATION
State Classified Leave Sharing Program

Part 1: To be completed by employee; please type or print legibly in ink.

Name:	WSC ID No:
Address:	Home phone:
	Work phone:
City: Zip:	Date of birth:
Job title:	Department:

1. I am requesting Leave Bank assistance for: **9** Myself **9** Spouse **9** Child **9** Parent **9** Other
If other (legal ward or if employee is primary caregiver), please indicate relationship: _____
_____.

2. What is the medical condition?

3. When did the illness/surgery/injury begin?

4. What is the anticipated duration of this illness/injury/surgery?

5. Explain what you have used your sick leave for over the past 3 years.

6. How many hours, up to the maximum (i.e. full-time employee is 176 hours), are you requesting from the Leave Bank?

7. I am also applying for/receiving: **9** Short-term Disability **9** Workers' Compensation **9** Not applicable
9 PERA Disability Retirement **9** No-fault auto insurance

8. A medical certificate form documenting the condition and verifying dates and projected return to work MUST be attached to this application (copy of FMLA or STD form is acceptable)**.**

I hereby certify that I understand, agree to and meet the requirements and conditions of the leave bank program. I also understand that a representative of Western State's Human Resources Department and/or the chair, or chair's designee of the Western's leave sharing advisory committee may contact me or my department, or others as deemed appropriate, for information concerning this application. I understand that denial of this application is not subject to grievance or appeal. Your application will be returned if all sections are not complete and/or a physician's statement is not attached.

Applicant's signature: Date:

*** continued on back***

Part 2: To be completed by your supervisor.

Date of last day worked: # hours worked on last day:

How long have you been supervising the applicant:

I hereby certify that, to the best of my knowledge, the information provided in Parts 1 and 2 are accurate. Also I hereby certify that leave for the purpose indicated in this application has been or will be authorized by me should this application be approved.

Print name: _____ Phone: _____

Signature: _____ Date: _____

Part 3: To be completed by Review Committee.

Recommendation: **9** APPROVE for _____ hours
9 DENY; reason _____
_____

Signatures of review committee members:

(1) _____ Date _____

(2) _____ Date _____

(3) _____ Date _____

Part 4: Compliance certification by Human Resources.

9 This request meets the parameters established the State of Colorado and Western State College's approved Leave Sharing Program.
9 This request does not comply; reason _____

Signed _____ Date _____

Part 5: Decision of agency's appointing authority.

Leave sharing is hereby **9** APPROVED for _____ hours **9** DENIED

Signed _____ Date _____
Harry L. Peterson, President

Part 6: To be completed by Human Resources office.

Employee status: **9** full-time **9** part-time @ _____% # of hours in PT workweek: _____

Last day worked: # hours worked on last day:

Date **ALL** sick and annual leave will be/was exhausted: # hours on this date:

application received:	# hours used:
physician's statement received:	posted to employee's balance:
application to supervisor:	posted to leave bank:
received from supervisor:	
review committee meeting:	
notification to employee:	