

# Northwest University

## Shared Leave Program Leave Donation Request

### Submit to Human Resources

Date of Request: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Number of personal leave hours requested: \_\_\_\_\_

As of (Date) \_\_\_\_\_ my current personal leave balance  
is: \_\_\_\_\_

As of (Date) \_\_\_\_\_ my current personal leave balance is: \_\_\_\_\_

Reason for request for donated leave time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I am eligible to receive donated leave if I or an immediate family member is suffering from a severe illness or injury that has caused or is likely to cause me to take a leave of absence without pay or terminate employment.

I understand that donated leave may only be used for the purpose specified and is not payable in cash. I also understand that I must exhaust any personal leave days before any donated leave will be applied for my situation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Approved By:

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Supervisor's Signature Date

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Dean/Vice President Date

**Attach a completed Certification of Health Care Provider from a licensed physician verifying the severe or extraordinary nature and expected duration of condition.**

**Human Resources Request is**      Approved                      Denied

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Human Resources Representative Date

**Cc: Payroll**