



# University of Missouri System

## Application to Receive Shared Leave Pay

Section I – Applicant Information			
<b>Applicant Name:</b>			<b>Employee ID#:</b>
<b>Applicant Department:</b>		<b>Supervisor Name:</b>	
<b>Preferred Communication Method:</b>	<b>Email</b>	<b>Preferred Communication Address:</b>	
	<b>Mailing Address</b>		
<b>Applicant Representative (if applicable):</b>		<b>Representative Phone Number (if applicable):</b>	
Section II – Leave Request Detail			
<p>I request Shared Leave under the University of Missouri System's Shared Leave Program as I am:</p> <p>a) Unable to work due to my own catastrophic illness or injury (as defined in <a href="#">HR-414 Shared Leave</a>), or</p> <p>b) Absent due to a catastrophic illness or injury within my immediate family (as defined in <a href="#">HR-404 Sick Leave</a>).</p>			
<b>Anticipated Last Day of Pay:</b>		<b>Anticipated Return Date:</b>	
<b>Number of Shared Leave hours requested</b> <i>(30 hours minimum / 160 hours max):</i>			
<ul style="list-style-type: none"> <li>My department has approved my request for leave of absence, paid or unpaid (attach applicable documentation). Failure to provide the departmental approval form, medical certification form and this application in a timely manner may impact the ability to receive shared leave. Requests will not be processed retroactively.</li> <li>I have completed six months of continuous employment and successfully completed my probationary period. I understand that all shared paid leave will not be pension credible.</li> <li>I have (or will) exhausted all available paid time balances (sick, vacation, compensatory time and personal days). I am not currently receiving long-term disability benefits from the University, workers compensation or regular retirement. My medical condition is not work related. I acknowledge that I cannot receive Shared Leave in lieu of one of these benefits. Receipt of any of these benefits will invalidate my eligibility for Shared Leave.</li> <li>If I am able to return to work earlier than my anticipated return date, then I am not entitled to the remaining balance of authorized Shared Leave.</li> <li>Receipt of Shared Leave is not guaranteed and is taxable. I am advised in accordance with IRS policy that the cash value of received Shared Leave is included in my gross income and will be treated as wages for employment tax purposes. I understand that any Shared Leave I receive will be at my base wage rate and will not include any differentials.</li> </ul>			
<b>Applicant Signature</b> <i>(I agree and certify to all of the above)</i>			<b>Date</b>

After completing sections I & II, submit this form and accompanying paperwork to the UM System Leave Team at [sharedleave@umsystem.edu](mailto:sharedleave@umsystem.edu).