



University of Missouri System

Application to Receive Shared Leave Pay

Section I – Applicant Information			
Applicant Name:			Employee ID#:
Applicant Department:		Supervisor Name:	
Preferred Communication Method:	Email Mailing Address	Preferred Communication Address:	
Applicant Representative (if applicable):		Representative Phone Number (if applicable):	
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 HR-414 Shared Leave), or</p> <p>b) Absent due to a catastrophic illness or injury within my immediate family (as defined in HR-404 Sick Leave).</p>			
Anticipated Last Day of Pay:		Anticipated Return Date:	
Number of Shared Leave hours requested <i>(30 hours minimum / 160 hours max):</i>			
<ul style="list-style-type: none"> 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. 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. 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. 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. 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. 			
Applicant Signature <i>(I agree and certify to all of the above)</i>			Date

After completing sections I & II, submit this form and accompanying paperwork to your campus Shared Leave Administrator.

- MU/Extension/UM System: muhrsharedleave@missouri.edu
- MUHC: muhcsharedleave@health.missouri.edu
- UMKC: umkchrsharedleaveadmins@umkc.edu
- Missouri S&T: sharedleave@mst.edu
- UMSL: sharedleave@umsl.edu