

Shared Sick Time Request Form
Baylor University

SECTION I: To be completed by the Employee, and verified by the Supervisor / Department Head

Employee Name: _____ Employee ID: _____

Department Name: _____ Today's Date: ____ / ____ / ____

Work Phone: _____ Home Phone: _____

My Leave is due to: ____ My illness ____ The illness of a family member (please describe):

Name of family member: _____ BU ID if appl.: _____

Their relationship to you: _____

1. Have you been employed for at least three months, and working at least 20 hours per week, prior to participating in the Shared Sick Leave program? ____ Yes ____ No
2. Is this the first time you have received shared leave in the last 52 weeks? ____ Yes ____ No
3. Will your illness, or the illness of your qualifying family member, cause you to be absent from work for 21 or more consecutive work days, or for 21 or more days in total due to a qualified intermittent leave?
____ Yes ____ No
4. Have you currently already depleted all accrued leave time (i.e. paid parental leave, sick, personal, and vacation leave)? ____ Yes ____ No
5. If the answer to 4. is No, how many hours of accrued leave time do you currently have remaining?
____ hours Parental Leave ____ hours Sick Leave ____ hours Personal Leave ____ hours Vacation Leave
6. If the answer to 4. is No, estimate the date on which your current total accrued leave time will be depleted (if you are paid monthly, work with your supervisor to determine this date; if you are paid biweekly, work with the Biweekly Payroll Coordinator to determine this date). Date: ____ / ____ / ____
7. Have you applied for FMLA? ____ Yes ____ No
If No, has your physician completed SECTION III, page 2, of this form? ____ Yes ____ No
(Please have your physician complete SECTION III if you have not applied for FMLA.)
8. What is the anticipated duration of your leave? From ____ / ____ / ____ to ____ / ____ / ____

If you answered Yes to questions 1-3 and have applied for FMLA or completed SECTION III of this form, please Sign below and submit this request to your Supervisor or Department Head as applicable for verification:

I understand that donated leave is paid at my pay rate according to my normal work schedule and may continue for up to a maximum of two months, depending upon the donations made to my leave balance.

Employee Signature: _____ Date: ____ / ____ / ____

Supervisor / Department Head Signature: _____

Super. / Dept. Head Name Printed: _____ Date: ____ / ____ / ____

SECTION II: To be completed by Human Resources

Approved: _____ Additional leave donations needed: ____ Yes ____ No

Not Approved: _____ Reason(s): _____

HR Reviewed by Signature: _____ Date: ____ / ____ / ____

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SECTION III: To be completed by Attending Physician

Patient's Name: _____

Approximate date condition commenced: ____ / ____ / ____

Probable duration of condition: from ____ / ____ / ____ to ____ / ____ / ____

Will the nature, diagnosis, or treatment of the illness, injury, impairment, or physical or mental condition result in the patient not being able to participate in normal daily activities? ____ Yes ____ No

If the patient will be unable to participate in normal daily activities on an intermittent or part-time basis, please provide an estimate of the interval between such events, actual or estimated dates of those events if known, and time required including recovery, if any (e.g., 1 event every 3 months lasting 1-2 days):

Frequency of treatments, flare-ups, etc. _____ event(s) every _____ week(s) or _____ month(s)

Duration of treatments, flare-ups, recovery, etc. _____ hour(s) or _____ day(s) per event.

Physician Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: ____ / ____ / ____

Please either print and mail or fax this completed form, or submit electronically:

Mail to: Baylor University, Human Resources,
One Bear Place #97053, Waco, TX 76798-7053
Or Fax to: (254) 710-3819

Or submit electronic form by email to askHR@baylor.edu

If you have questions, please contact us at: (254) 710-2000 or askHR@baylor.edu