

Wayne State College

Shared Leave Request Form

Name of Recipient _____
Last First MI

Please explain the reason for your request and how time off work will create a financial hardship for you.

Do you currently have any disciplinary actions or written warnings for excessive absenteeism on file during the previous twelve (12) months? Yes___ No___

Do you currently have a satisfactory performance evaluation on file for the last twelve (12) months? Yes___ No___

Number of days requested _____

Signature of recipient _____ Date _____

Please forward to the Human Resources Department

The Crisis Leave Sharing Committee approves _____ days to be donated to the above employee.

All information used to approve this request, including the employee's name, condition, and any financial considerations must be kept confidential.

Human Resource Director _____ Date _____

Payroll Manager _____ Date _____

Tenured Faculty Member _____ Date _____

Professional Staff Member _____ Date _____

Support Staff Member _____ Date _____