Wayne State College Crisis Leave Sharing Program
Shared Leave Request Form

Eligible employees who have exhausted their own paid leave may request donated leave through the Crisis Leave Sharing Program if they are suffering from a catastrophic illness, unable to work due to pandemic quarantine measures, or are a new parent. For more information on this program, please reference the applicable bargaining agreement (SCEA, NSCPA or NAPE) or Board Policy (5102, 5103 or 5104).

Employee information

Name: _____ Date of hire: _____

Position: _____ Date(s) of absence: _____ to _____

Department: _____ Number of days/hours requested: _____

Reason for Crisis Leave Request

- ☐ Catastrophic illness
- ☐ Pandemic quarantine measures
- ☐ New parent

Description of the need for donated leave

I have exhausted all earned leave balances and have been absent from work due to a catastrophic illness, pandemic quarantine measures or am a new parent due to birth or adoption of child. I would like to be considered for participation in the Crisis Leave Sharing Program as noted above.

Signature:_____ Date:_____

Return completed form to Human Resources for committee review.

Human Resources

- ☐ Verification that vacation, sick, or compensatory time balances are exhausted.

Crisis Leave Sharing Program Committee

- ☐ Approve
- ☐ Deny

Number of days/hours approved by committee:_____ Total days/hours used:_____

- Crisis leave – 90 days maximum in 12-month period
- Crisis leave for new parents is not in addition to those 90 days but is counted as part of the 90-day maximum.

Human Resources: _____ Date:_____

Revised 10/23/2023