CITY OF RICHMOND
SHARED LEAVE APPLICATION

Section I:

Date of Application:_____ Department:_____ Division:_____
Name:_____
Address:_____
Phone: (H):_____(C):_____(W):_____

Section II:

Attach to this application: *Certification of Health Care Provider Form for Employee's Serious Health Condition.* **Please describe the reason you are applying for Shared Leave. Include a brief description of the nature, severity and anticipated duration of your medical emergency, and if it is a recurring one**. A catastrophic illness as defined by the City of Richmond's Chief Medical Officer is an illness or event that poses a serious threat to life and requires in-patient, hospice or home health care**.** The employee is kept from performing any portion of regular work duties in accordance with a serious health condition as defined under FMLA.

_____
_____
_____
_____

Section III:

If you are receiving Worker's Compensation, you are **ineligible** for the Shared Leave Program.

Employee Certification:

1. I certify that the information on this application and all documentation submitted by me is a true representation of my current catastophic/life-threatening illness. I have exhausted or will exhaust all accumulated vacation, sick and compensatory leave before I am able to return to work.
2. I am not requesting Shared Leave for an incident covered by Worker's Compensation.
3. I have read and understand the rules of the City of Richmond's Shared Leave Program. I further understand that falsification of this application or my failure to abide by the program eligibility criteria shall automatically be grounds for denial or termination of program participation.

_____ _____
(Printed Name) (Signature & Date)

_____ _____
(Printed Name of Representative if employee unable to sign) (Representative Signature & Date)

Section IV: (To be completed by Employee's Supervisor & Appointing Authority)

Reviewed for Shared Leave: ___Yes ___No _____
HR Liaison: Signature & Date

Recommended for Shared Leave: ___Yes ___No _____
Supervisor: Signature & Date

Recommended for Shared Leave: ___Yes ___No _____
Appointing Authority: Signature & Date