



HARDSHIP LEAVE APPLICATION/ELIGIBILITY FORM

PART I – EMPLOYEE INFORMATION

Name: _____ V#: _____

Title/Department: _____

I hereby apply for use of “Hardship Leave” in accordance with Article 40, Section 8, of the OUS/SEIU Collective Bargaining Agreement. And will exhaust all available leave on the following date: _____.

Employee’s Signature

Date

PART II – TREATING PHYSICIAN CERTIFICATION (Please check **one** of the following and enter the appropriate date.)

Employee will be unable to return to work for 15 or more days beyond the date indicated above due to their injury/illness or the injury/illness of their qualified family member.

Estimated Return Date: _____.

Employee will return to work in less than 15 days from the date indicated above, but will require intermittent absences related to their injury/illness or the injury/illness of their qualified family member, which will last for 15 or more days beyond the date indicated above.

Estimated Return Date: _____.

Estimated Duration of Intermittent leave: _____.

Employee will return to work in less than 15 days from the date indicated above, and will not require intermittent absences related to their injury/illness or the injury/illness of their qualified family member.

Estimated Return Date: _____.

Physician’s Name (Please Print): _____

Physician’s Signature

Date

PART III – HUMAN RESOURCES OFFICE APPROVAL

Approved. (Donation forms will be distributed, collected, and computed by Human Resources.)

Denied.

Human Resources Signature

Date