



BOARD OF REGENTS OF  
THE UNIVERSITY SYSTEM OF GEORGIA

**Shared Sick Leave Program – Request Form**

USG Institution Name: [Albany State University](#)

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

I am requesting \_\_\_\_\_ hours of Shared Leave under the terms specified in the Shared Sick Leave Program Policy.

I hereby acknowledge and certify the following:

- I am an active member of the Shared Sick Leave Program.
- I have enclosed a completed physician’s certification of a serious health condition for myself or an immediate family member.
- I agree that I will notify the Office of Human Resources if I am approved for other benefits (i.e., Workers Compensation, Short or Long Term Disability, Social Security Insurance, Disability Retirement, etc.) prior to or after I begin receiving donated sick leave.
- I acknowledge that I have read and understand the program provision as set forth in the Shared Sick Leave Program policy.
- I understand that documentation of having a Power of Attorney is required with this form if I am acting on behalf of the employee recipient.

\_\_\_\_\_  
Date Medical Condition Began

\_\_\_\_\_  
Date Medical Condition is Expected to End

\_\_\_\_\_  
Signature of Recipient (Authorized Representative)

\_\_\_\_\_  
Date

**INSTRUCTIONS:** Please complete and return this Shared Sick Leave Request form and the Physicians Certification form to your Office of Human Resources.



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**FOR USE BY THE OFFICE OF HUMAN RESOURCES**

**Type of Request:** Initial Request \_\_\_\_\_ Secondary Request: \_\_\_\_\_

**Status of Request:** Leave Request Approved \_\_\_\_\_ Leave Request Not Approved \_\_\_\_\_

Your request for donated leave cannot be accepted due to the following reasons:

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\_\_\_\_\_  
Shared Sick Leave Program Administrator Signature

\_\_\_\_\_  
Date

If this request is denied and you wish to appeal this decision, submit your appeal along with this notice, in writing to the Office of Human Resources- Shared Sick Leave Program Administer.