



APPLICATION FOR VOLUNTARY SHARED LEAVE POOL

As per Box Elder County Policy 21, employees may contribute vacation hours, including those that would be lost (hours over 160) at the beginning of the year (first paycheck in January) to a general Voluntary Shared Leave (VSL) Pool. The minimum opt-in contribution is 8 hours. Employees who have exhausted all available leave due to a prolonged medical condition of their own or that of an immediate family member, are a participant of the pool, and have used 25 workdays (paid or unpaid) of their own leave may then apply to use hours from the VSL pool.

Complete this application and attach a brief – one page or less – cover letter explaining why you are requesting VSL hours. Include the dates/hours you expect to be on leave and an explanation of supporting documents if necessary. Also, please tell us if you have applied for VSL hours before and if so, is this a related request?

Part 1. Employee Information

Employee Name: _____ **Department:** _____

Home Phone: _____

Part 2. Request for VSL Pool Hours

I request an award from the Voluntary Shared Leave Pool because of the catastrophic illness or injury of (check one): _____ my own, or _____ an immediate family member.

If this request is because of an illness or injury of an immediate family member, please provide:

- 1) The name of the ill/injured individual: _____; and
- 2) The relationship to the employee: _____.

Part 3. Verifications

- 1. I understand that I must meet the requirements set out in the Voluntary Shared Leave Pool policy to be eligible for an award of VSL time.
- 2. I understand that the decision of the VSL Pool Committee concerning my request for an award of time from the VSL Pool will be subject to the process stated in Policy 21.
- 3. I understand a physician’s statement describing the specific nature of the medical treatment (preferably in layman’s terms) and an estimated recovery or treatment time must accompany this application.

Employee Signature

Date