APPLICATION FOR LEAVE SHARING PROGRAM

DOE OHR 300-003
Last Revised: 01/01/2011
Former DOE Form(s): LS-2

DEPARTMENT OF EDUCATION
Office of Human Resources
Records and Transactions Section
P.O. Box 2360 Honolulu, HI 96804

I. EMPLOYEE INFORMATION (Completed by employee or representative)

Name: _____ Last 4 digits of SSN: _____
Last First M.I.

Mailing Address: _____ City: _____ State: _____ Zip: _____

Tel#: _____ Position: _____ School/Office: _____

School or Sub-Division Code: _ _ _ Bargaining Unit Code: _ _ FTE: _____%

Beginning date of employment with Department of Education: _____
MM/DD/YYYY

II. CERTIFICATION OF ELIGIBILITY AND APPLICATION FOR APPROVAL TO RECEIVE LEAVE SHARE DONATIONS (Completed by employee or representative)

I certify and have so indicated below that I meet each of the following conditions to be an eligible "leave share recipient". (Check √ each item appropriately, provide required information, and attach materials as requested).

Yes	No	
☐	☐	1. I have exhausted or am about to exhaust all vacation leave (if applicable, sick leave and compensatory time credits.) My leave balances as of this date are as follows: Vacation: _____ Sick: _____ Comp. Time: _____
☐	☐	2. I have been or soon will be absent from work for at least thirty (30) consecutive calendar days within the past twelve (12) months (exclusive of any break/vacation period for ten (10)-month employees) because of the serious illness/injury certified by my physician on DOE OHR 300-003(a) (Former DOE Form(s): LS-5, LS-6). From: _____ To: _____ MM/DD/YYYY MM/DD/YYYY
☐	☐	3. I am eligible for temporary disability benefits or, if eligible, have exhausted or will shortly exhaust all benefits.
☐	☐	4. I am not receiving worker's compensation benefits at this time. If applicable, indicate below if a workers' compensation claim has been filed for the illness/injury identified on DOE OHR 300-003(a) (Former DOE Form(s): LS-5, LS-6). (Attach copy of claim and accident report.) Date of injury: _____ Date of claim: _____ MM/DD/YYYY MM/DD/YYYY
☐	☐	5. I have no disciplinary record of sick leave abuse within the past two (2) years.

I am requesting approval to receive _____ donated leave share days as available from the shared central leave bank and donated for my use. I understand that approval decisions regarding this request will rely heavily on the information provided in my request. Thus, any approved credits may be discontinued or rescinded based on misinformation or changed conditions as specified in the Department of Education's Guidelines and Procedures for the Leave Sharing Program.

***I have attached a current copy of my Form 7 (leave record).**

Employee Signature: _____ Date: _____
MM/DD/YYYY

III. PRINCIPAL/SUPERVISOR AND DISTRICT REVIEW

I verify the above employee statements to be true and correct to the best of my knowledge.

Principal/Supervisor Signature: _____ Date: _____
MM/DD/YYYY

Complex Area/
Assistant Superintendent Signature: _____ Date: _____
MM/DD/YYYY