



**Section IV.**

**To be completed by Employee Supervisor and Appointing Authority**

Date Received \_\_\_\_\_ (MM/DD/YY)      Received by \_\_\_\_\_ (Print Name)

Recommendation  Meets initial eligibility requirements  
 Does not meet eligibility requirements

If illness does not meet eligibility requirements, state reason (s): \_\_\_\_\_  
\_\_\_\_\_

Recommend  Approval  Disapproval

\_\_\_\_\_  
(Signature-Appointing Authority)      \_\_\_\_\_ (Date)

**Forward completed application to Human Resources**

**Section V.**

**To be completed by Shared Leave Program Coordinator**

Date received \_\_\_\_\_ Meets eligibility requirements:  Yes  No      If no, state reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

EMSP Review/ Appointment required:  Yes  No      If Yes, Applicant notified on \_\_\_\_\_ (Date)

HR recommendation  Approved  Approved w/ modifications  Disapproved      Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HR Director or Designee: \_\_\_\_\_ (Signature)      Date: \_\_\_\_\_

Effective date \_\_\_\_\_      Date Applicant notified \_\_\_\_\_

Applicant notified by \_\_\_\_\_

**All parties involved in the review of this application are required to maintain confidentiality.**