



# UNIVERSITY OF CENTRAL OKLAHOMA

**Policy ID:** ADM-EMP-49 Minor Revision 7

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**Title:** Leave Share

**Description:** Leave Exhaustion

**Category:** Human Resources

**Applies to:** Staff & Faculty

**Contact:** [Human Resources](#)

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**Purpose:** To alleviate the hardship caused by a severe or extraordinary illness or injury which forces an employee to exhaust all leave time (including vacation and compensatory time) earned by that employee and subsequently have no leave time available, resulting in an extended loss of income.

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**Policy Statement:** This program is intended to bridge the financial gap for employees that have exhausted their leave due to a hardship caused by a severe or extraordinary illness or injury.

1. Employee must be employed full-time by the University for a minimum of twelve (12) consecutive months. Must be an active employee, and have a minimum sick leave balance of at least (80) hours during the 12 months period immediately prior to the hardship caused by a severe illness or injury. Any exception to this eligibility requires approval by the Leave Share committee.
  2. Employee has exhausted, or will exhaust all annual leave and sick leave due to illness, injury, impairment, physical or mental condition, which is of an extraordinary or severe nature, and involves the employee or a related person of the employee. To receive Leave Share for the care of a related person, an appropriate licensed medical professional's statement must be submitted to the Human Resources Office documenting the employee as the primary caregiver.
  3. Employee must be off work for at least two (2) weeks, whether paid or unpaid, prior to application for Leave Share.
  4. Employee's injury or illness is not covered by the Oklahoma Workers' Compensation System.
  5. Leave Share ends when the employee (or their related person) has been released by an appropriate licensed medical care professional's statement, death, or the employee has been on leave for three (3) months, whichever comes first.
  6. Leave Share will run concurrently with the Family Medical Leave Act. Leave Share does not apply to FMLA-approved bonding time. Employees will contact the Human Resources Office to complete FMLA forms.
  7. If Leave Share is requested more than once during a 12-month period measured backward from the date an employee uses any Leave Share, the Leave Share committee will review the request and make a judgment based on their findings. Regardless, a maximum of three (3) months full pay is available in any twelve (12) month period.
  8. Approval or denial of Leave Share is final and is not subject to any appeal, grievance or arbitration procedure applicable to employees.
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**Glossary of Terms:** Related person-defined as immediate family: parent, spouse, partner, child, brother, sister, mother-in-law, father-in-law, grandparent, brother- or sister-in-law, grandchild or dependents who live in the same household as the employee. Leave Share for the care of relatives not defined here is subject to committee approval.

Partner – two individuals of the same gender or different genders who have entered into a Relationship which is the functional equivalent of a marriage.

Dependent – defined by the IRS-approved guidelines to determine dependent status.

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**Legal** Family Medical Leave Act (FMLA)

**Citation:**

**Campus** Documents and Forms-

**Links:**

[Leave Share Request Form](#)

**Formerly**

**Known as:**

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**Approved** 12/01/2005

**On:**

**Effective** 12/01/2005

**Date:**

**Keyword(s):** leave, share, donate, sick, hardship, illness, injury, physical, mental, condition, severe, pay

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