



# UNIVERSITY OF ILLINOIS SYSTEM

## SHARED BENEFIT WITHDRAWAL OF LEAVE APPLICATION FORM

An employee who has donated at least one full day of benefit leave to a sick leave pool under the Shared Benefits Program may request sick leave from the pool when a disability claim is pending with SURS. In order to withdraw from the shared benefits pool, the employee must apply for SURS disability and have exhausted all of their accumulated sick and, if applicable, vacation leave.

TO BE COMPLETED BY EMPLOYEE REQUESTING TO WITHDRAW FROM SHARED BENEFIT POOL					
NAME:				DATE:	
UIN:		CLASSIFICATION/TITLE:			
HAVE APPLIED FOR DISABILITY THROUGH SURS:  YES <input type="checkbox"/> NO <input type="checkbox"/>		FACULTY <input type="checkbox"/> ACADEMIC PROFESSIONAL <input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/>  EMAIL:  DEPARTMENT:			
HOME ADDRESS:				HOME OR CELL PHONE:	
_____ Signature of Person Making Request			_____ Date		
If Requestor is Someone Other Than The Employee, Please Indicate the Relationship.					
TO BE COMPLETED BY HUMAN RESOURCES					
NON-COMPENSABLE SICK LEAVE BALANCE:	COMPENSABLE SICK LEAVE BALANCE:	VACATION BALANCE:	PERCENT TIME:	DONATION FROM SICK LEAVE:  DONATION FROM VACATION:	NUMBER OF DAYS APPROVED FOR TRANSFER:
EMPLOYEE WORK ADDRESS:		DEPARTMENT CONTACT:			NUMBER OF DAYS USED:
		ADDRESS:	PHONE:		
APPROVED <input type="checkbox"/> or DENIED <input type="checkbox"/>					DAYS REVERTING TO POOL:
_____ HR SIGNATURE			_____ DATE		
REASON(S) IF DENIED:					

**Return this form to the appropriate Human Resources Office**

Illinois Human Resources (Urbana) 52 E. Gregory Dr. Champaign, IL 61820 (217) 333-2143	UIC Human Resources UIC HR Service Center 715 S. Wood Street, Room 401 Chicago, IL 60612 (312) 413-3490 <a href="mailto:uichrleaves@uillinois.edu">uichrleaves@uillinois.edu</a>	UIS Human Resources K-30, P.O. Box 19243 Springfield, IL 62794-9243 (217) 206-6652	System HR Services 440 Illini Union Bookstore MC-312 807 South Wright Street Champaign, IL 61820 (217) 333-2590
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