



Request for Voluntary Shared Leave Hours

Employee Name: _____

Department: _____

Division: _____

I, _____, would like to request from the Voluntary Shared Leave Program _____ hours. This leave is necessary to care for myself, or other family member as defined by the FMLA. The individual being treated _____

General medical condition being treated (hospitalization, surgery, etc.) _____

My anticipated return-to-work date is _____

I agree to allow the City to disclose, at the request of the employee donating vacation hours to the Voluntary Shared Leave Program in my behalf, the reason why additional hours are needed.

Employee Signature _____
Date

Request Approval

Supervisor: _____

Division Director: _____

Date: _____ / _____ / _____