



## 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.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Request Approval

Supervisor: \_\_\_\_\_

Division Director: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_