



## 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_