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| Fayetteville Technicial Community College |
| REQUEST FOR VOLUNTARY SHARED LEAVE |
| Employee Name |  |       |
| Employee Datatel Person ID# |  |       |
| Employee Title |  |       |
| Phone number while on leave |  |       |
| Estimated length of leave |  |       |
| Description of medical condition (attach supporting documentation) |
|       |
|       |
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| Consent Form |
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| My signature certifies that I understand that I am applying to receive leave transferred from another employee's account and that my name will be known in order to process my request. Donated leave is strictly voluntary. I understand that if no donations are received, I may be placed on leave without pay. I understand that Shared Leave may only be used after I have exhausted all of my available leave, including annual, sick and bonus leave. |
|  |  |       |
| Employee’s Signature  |  | Date |