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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 |