

Montgomery County Government

102 East Spring St. ~ P.O. Box 425, Troy, North Carolina 27371-0425
Telephone: (910) 576-4221 Fax: (910) 576-4566

REQUEST FOR SHARED LEAVE

Date: _____

Employee Name (Print): _____

Department/Office: _____

Current Sick Leave Balance: _____ hours

Current Vacation Leave Balance: _____ hours

Reason for Leave Request: _____

Attach Medical Provider Certification

I have completed the necessary FMLA forms and my FMLA has been approved. I understand that I become eligible for Shared Leave on the 11th day of the FMLA approved absence.

I understand that I must use all of my vacation and sick leave before shared donated leave shall begin to be transferred.

I understand that I am requesting that other employees voluntarily transfer vacation leave hours to my account. The solicitation of hours will be done by my department head. Any unused donated leave time will be returned to the donors.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

County Manager Approval: _____ Date: _____