



LEAVE SHARING PROGRAM APPLICATION FORM

All requests for shared leave will come through the employee's supervisor or manager, confirming that the employee has no more available leave and the employee is absent from work at the time of the request for leave. At that time, the committee will accept the application, review the request and data, and render a decision. If by error, shared leave should be requested, approved, and disbursed to the requested employee's leave account, and it should later be learned the employee did not need the leave because the employee was not actually missing time from work or another error occurred, the recipient will be required to reconcile the Shared Leave account balance.

Name of Supervisor: _____

Title of Supervisor: _____

Department: _____

Name of Recipient Employee _____

Reason for Leave:

(Please use additional pages if needed.)

I, the undersigned, hereby verify my employee noted above has no more available leave and is absent from work or has frequent absences from work at the time of this application.

Signature of Supervisor: _____ Date: _____