



REQUEST FOR DONATION OF SHARED LEAVE

To: Human Resources
Leaves

I, _____ am requesting donation of shared sick/wellness leave.
Employee Name

Leave is requested for the period beginning _____ through _____

for the following reason: _____

I understand leave share does not go into effect until I have exhausted all sick/wellness leave and vacation.

_____ Certification of Health Care Provider form is attached. (Required for request to be considered)
_____ A current Certification of Health Care Provider form is on file with Human Resources. (Required for request to be consider.

Employee Name

Date

Location

Position

Employee address