

| SHARE LEAVE APPLICATION | |
|--|--------------------------|
| County of Yadkin | |
| Employee Name: _____ | Department _____ |
| Position: _____ | Hire Date: _____ |
| Requirements for Donating Shared Leave: | |
| 1. Must be a full-time (permanent) employee with Yadkin County. 2. This request is for my own person illness/injury or immediate family and not for elective surgery. 3. I have, or will have, exhausted all my annual and sick leave. 4. Unused shared leave will be returned to the appropriate employee. | |
| I, _____, am applying for Shared Leave. I have read and understand the requirements listed above and certify that I meet the above requirements. I am applying for shared leave as a result of: _____ _____ _____ | |
| Current Leave Balance (hours) _____ as of _____ | |
| Annual Leave (hours) _____ | Sick (hours) _____ |
| I request _____ hours of shared leave. I understand I am required to return any leave that is not used toward this approved request. | |
| _____ Employee Signature | _____ Date of Request |
| Recommendation: Approval Non-approval (<i>indicate reason for non-approval</i>) | |
| _____ Department Head Signature | _____ Date |
| _____ County Manager Signature | _____ Date |