

## 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  
*(indicate reason for non-approval)*

Department Head Signature

Date

County Manager Signature

Date