

LEAVE SHARING REQUEST FORM

NAME _____ DATE _____

DEPARTMENT _____ EMPLOYEE NUMBER _____

I, _____, REQUEST TO PARTICIPATE IN THE
CITY OF MURRAY LEAVING SHARING PROGRAM FOR THE FOLLOWING REASON:

I ESTIMATE I WILL BE OFF FROM _____ UNTIL _____

THE ABOVE INFORMATION MAY BE USED TO ASK FOR LEAVE DONATIONS: **YES/NO**

**I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION PERTAINING TO
THIS ILLNESS FOR VERIFICATION TO PARTICIPATE IN THE LEAVE SHARING
PROGRAM.**

SIGNATURE _____ DATE _____

DEPARTMENT HEAD SIGNATURE _____

CONCUR/NONCONCUR _____ DATE _____

IF NONCONCUR, PLEASE PROVIDE JUSTIFICATION: _____

HUMAN RESOURCES SIGNATURE _____ DATE _____

PAYROLL HAS VERIFIED THAT EMPLOYEE MEETS CRITERIA _____ YES _____ NO

PAYROLL SIGNATURE _____ DATE _____

MAYOR **(GRANTS)** **(DENIES)** REQUEST

MAYOR'S SIGNATURE _____ DATE _____

Payroll/Human Resources Use Only:

Leave available as of payroll period ending _____

Estimated first day donated leave will be used _____

Vacation _____

Personal _____

Sick _____