



Voluntary Shared Leave Request/Donation Form

Date of Request/Donation: _____

Employee Name: _____

Supervisor Name: _____

Number of leave hours requested/donated: _____

Person who will receive donated leave hours: _____

Reason for request of leave hours: _____

The Partnership will not disclose medical information, and will only state a prolonged medical condition or hardship to employees in the company for the sole purpose of soliciting donations of leave hours. Vacation hours donated must be used as sick leave.

Signature of Employee

Date

HR Approval

Date

President Approval (*for hardship requests*)

Date