

I. RECIPIENT REQUEST and ACKNOWLEDGEMENT

Employee Name _____

Position _____ Dept _____

Describe nature of medical condition below and attach physician's statement (required):

Projected Duration _____

Anticipated Return-to-Work Date _____

_____ (Initial) If approved, I wish to have my Shared Leave Request distributed to all departments.

I hereby acknowledge that I have read and understand the *City of Creedmoor Personnel Policy, Article VI, Section 27: Shared Leave* dated July 1, 2018. I request voluntary shared leave in accordance with the policy.

Employee Signature _____ Date _____

II. AUTHORIZATION

Approved

Disapproved

Comments _____

City Manager's Signature _____ Date _____