

# Richmond Community College

## A Request for Voluntary Shared Leave

**Requestor:**

1. Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Division/Section: \_\_\_\_\_

2. Request for Voluntary Shared Leave is for:

Employee

Member of employee's immediate family

Relationship: \_\_\_\_\_

3. Nature of the Medical Condition: (**Attach physician's statement**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Projected duration of leave (from physician's statement): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Nominee Signature (if applicable)

.....  
If I am approved to receive Voluntary Shared Leave, I authorize the release of the information that I have or a member of my family has a medical condition that has made me eligible to receive shared leave.

\_\_\_\_\_  
Signature

.....  
**Approval/Disapproval of Shared Leave Request**

I hereby approve this request for Voluntary Shared Leave for the above-mentioned candidate.

I hereby disapprove this request for Voluntary Shared Leave for the above-mentioned candidate.

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Date