REQUEST TO RECEIVE VOLUNTARY SHARED LEAVE

Eligibility: Must be a regular full-time or part-time benefited employee with 2 consecutive years of service; have a catastrophic illness that is life threatening; have received a satisfactory performance appraisal; and have responsibly managed earned leave.

Instructions
Please complete the information below and submit this form to Rowan County Human Resources, 130 W. Innes St., Salisbury, NC 28144. Attach a Family and Medical Leave Certification from the treating physician documenting the need for leave and the period of absence. If you have already provided a FMLA Certification Form, there is no need to submit another.

Employee's Name _____

Department _____Years of Service_____

TOTAL NUMBER OF HOURS REQUESTED _____
(Maximum of 480 hours of Shared Leave per year for full-time). Pro-rated for part-time benefited.

Employee Statement
This is to request participation in Rowan County's Shared Leave Program. The need for leave is necessitated by my own medical condition as certified by the attached FMLA Certification Form. This is not elected surgery or other non-qualifying condition. I am not receiving Worker's Compensation benefits nor do I plan to seek subrogation from a third party for the leave. I anticipate a leave of absence of at least twenty (20) consecutive workdays due to this condition. All of my Sick Leave and Vacation Leave have been exhausted and I am requesting donated shared leave for the hours specified above.

_____I authorize Human Resources to release specific information regarding my serious medical condition, which would otherwise be confidential information and I have requested shared leave donations.

_____I do not authorize Human Resources to release information indicating that I have a serious medical condition and that I have requested shared leave donations. I understand this may adversely impact the number of hours donated.

_____I do not authorize Human Resources to release information regarding my serious medical condition. However, I do authorize Human Resources to inform employees that I have requested shared leave donations.

Employee's Signature and Date_____

Department Director's Comments and Signature_____

Human Resources Director's Signature _____

County Manager's Signature_____