



CITY OF KINSTON

Personnel Policy

Subject: Shared Leave Appendix B	Section: Holiday/Leave/Longevity		Review Responsibility: Director of Human Resources		
	Policy #:: 3	Effective Date: 8/01/2016	Rev. #: 2	Revision Date: 7/31/2016	Page: 1 of 1
	Supersedes: 1/01/2011		Prepared By: Gloria Blake <i>Gloria Blake</i>		Approved By: Tony Sears <i>Tony Sears</i>

Appendix B

Shared Leave Request Form

Employee Name _____ Department _____

Division _____ Date of Hire _____ Date Absence Begins _____

Total Hours of Leave Requested (320 hrs. max) _____ Advanced (80 hrs. max) _____
 Shared (240 hrs. max) _____ (80 hrs. of advanced leave required before receiving shared leave)

Reason for Request (Add sheets if needed):

Employee Signature _____ Date _____

For Human Resources Use Only

One full year of regular service: Yes No Any evidence of sick leave abuse _____

All other leave exhausted: Yes No If No, leave will be exhausted by (date) _____

Is the employee receiving workman's compensation for an on-the-job injury Yes No

Human Resources Director _____ Date Reviewed _____

Doctor's Note on File Yes No I recommend leave be granted based on doctors note.

Comments:

Signature of Occupational Health Nurse: _____ Date _____

For City Manager/Designee Use Only

Total Hours Approved _____ Advanced Leave Approved _____ Shared Leave Approved _____

Comments:

Signature of City Manager/Designee _____ Date _____