

## Montgomery County Leave Sharing Request

To Be Completed by Employee Requesting Donated Leave:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

SS#: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

### Reason for Request:

- MEDICAL:** For personal illness or injury that is not job-related or for pregnancy-related condition.
  
- FAMILY:** For birth or adoption of a child; for placement of foster child; to care for a seriously ill spouse, child or parent.

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

Date: \_\_\_\_\_

Employee's Manager: \_\_\_\_\_

Date: \_\_\_\_\_

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### To Be Completed by Human Resources

Accrued Sick Leave Hours\* \_\_\_\_\_

Accrued Annual Leave Hours\* \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Must be equal to zero as of effective date leave share would begin.