



# 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 W. 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 \_\_\_\_\_