

CITY OF HICKORY

REQUEST FOR SHARED LEAVE BANK WITHDRAWAL

NAME: _____ DATE: _____

DEPARTMENT/DIVISION: _____

POSITION TITLE: _____

LEAVE REQUEST DATE: FROM: _____ TO: _____

PLEASE STATE REASON SHARED LEAVE BANK HOURS ARE NEEDED:

I understand that I must apply for FMLA in conjunction with the Shared Leave Bank Request.

Signature

Date

APPROVAL

HUMAN RESOURCES

DATE