

Danville Area Community College Leave Share Program Request Form

Recipient's Information	
Name of Employee:	Colleague Number:
Leave Information	
First Day Absent:	Has FMLA papers been filed with HR? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Days Requested:	
Employee Signature or Requested by:	
Human Resources	
Reviewed by Committee:	Date Reviewed:
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Comments:	
Number of days granted:	
Date Transferred from Leave Share Bank to Employee:	
Human Resources Signature:	Date: