



# ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Office of Human Resources

## SHARED LEAVE REQUEST FORM

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Work Phone #

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

- How many hours of Shared Leave are you requesting? (Maximum – 120 hours)

\_\_\_\_\_

- How many requests for Shared Leave have you made this calendar year?

\_\_\_\_\_

- I am a full-time employee of Abraham Baldwin Agricultural College. (Yes/No)

\_\_\_\_\_

- I have or will exhaust all personal sick and annual leave. (Yes/No)

\_\_\_\_\_

- I have applied for FMLA. (Yes/No) \_\_\_\_\_

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Approved: \_\_\_\_\_  
Shared Leave Coordinator Signature

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

Not Approved: \_\_\_\_\_  
Shared Leave Coordinator Signature

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