

VOLUNTARY SHARED LEAVE APPLICATION
The University of North Carolina Office of the President and General Administration
Human Resources Division

910 Raleigh Road
Chapel Hill, NC 27514

P. O. Box 2688
Chapel Hill, NC 27515-2688

1. Employee Information

Name: _____

Social Security Number: _____

Classification Title: _____

Department: _____

Campus Address: _____

Campus Phone: _____ Home Phone: _____

Home Address: _____

Leave balances: Vacation _____ Bonus _____ Sick _____ As of Date: _____

2. I herewith apply for a donation of Shared Leave.

3. I, or _____ (family member/relationship) have a medical condition that is serious and prolonged as defined in the Voluntary Shared Leave Policy and as confirmed by the attached physician's certificate specifying the medical condition and its expected duration.¹

4. Suggested areas from which Shared Leave donations may be requested: (Voluntary)

A copy of this form (without the physician's certification), if approved, may be forwarded to each of the areas suggested.

I authorize UNC Office of the President and General Administration to release information indicating that I or my family member has a serious and prolonged medical condition which would otherwise be confidential personnel record information and that I desire Shared Leave donations.

Employee's Signature Date

Supervisor's Signature Date

Shared Leave Coordinator's Approval Date

¹ A physician's statement describing the specific nature of the medical condition and the estimated recovery or treatment time must accompany the application.