

**VOLUNTARY SHARED LEAVE APPLICATION**  
The University of North Carolina General Administration

Form 114  
June 08

Human Resources Division

910 Raleigh Road  
Chapel Hill, NC 27514

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

1. Employee Information

Name

PID Number  Title

Work Address

Work Phone #  (area code+phone number - no dashes)

Home Address

Home Phone #  (area code+phone number - no dashes)

**Leave Balances (in hours)**

Vacation  Bonues  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. <sup>1</sup>

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 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

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