

The University of North Carolina at Greensboro
APPLICATION FOR VOLUNTARY SHARED LEAVE

This form is to be completed by the employee requesting Voluntary Shared Leave and submitted to his or her Supervisor/Department Head for approval. If the employee is out of work and unable to complete this form, the supervisor/department head may complete on his or her behalf. If the form is completed by the supervisor or department head, a completed Nomination Form must accompany this application. The employee and supervisor and department head will receive a copy of the application decision (i.e. approved/ineligible). Submit completed form to Human Resource Services.

TO: Human Resource Services

FROM: _____

SUBJECT: Application for Voluntary Shared Leave

DATE: _____

I am requesting Voluntary Shared Leave due to:

- My own serious health condition
- Parent
- Child
- Spouse
- Military Caregiver Leave

By my signature below, I grant UNCG Benefits Office permission to share my name and department with the University's staff cares listserv for the purposes of receiving a leave donation:

Leave will begin or began on (mm/dd/yyyy) _____

and I expect leave to continue until (mm/dd/yyyy) _____

CERTIFICATION OF PHYSICIAN FORM is on file with the Benefits Office in HR. Yes No

Employee Signature: _____ Date: _____

Supervisor/Department Head Approval Signature: _____ Date: _____

FOR HUMAN RESOURCE SERVICES USE ONLY:

- Eligible/Approved - Employee meets all requirements for Voluntary Shared Leave per UNCG Policy.
- Ineligible – Employee does not meet all requirements for Voluntary Shared Leave per UNCG Policy.

Human Resources Services Signature: _____ Date: _____