This form should be completed when an employee wishes to nominate another UNCG employee for Voluntary Shared Leave.

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| **Name of Nominator:** |  |
| **ID Number:** |  |

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| I would like to nominate the following employee for the Voluntary Shared Leave Program. |
| **Employee Name:** |       |
| **ID Number:** |       |

* If the employee is still actively working, the nominator should forward this form to the nominated recipient to include with his or her application for Voluntary Shared Leave.
* If the employee is already out of work, the nominator should submit this form to employee’s supervisor to support the Voluntary Shared Leave application.
* The supervisor may complete the Voluntary Shared Leave Application on behalf of the employee and submit the complete packet of information to Human Resources.

Please contact Human Resources with questions at 336-334-5009.