



Voluntary Shared Leave Request Form

HUMAN RESOURCES RECEIVED	
Date:	_____
Initials:	_____

I. EMPLOYEE DATA

Employee Name:				PID:	
Dept. Name:				Phone:	
Email Address: <small>*Approval is sent by email</small>					
Appointment Information:	<input type="checkbox"/> SHRA <input type="checkbox"/> EHRA Non-Faculty	<input type="checkbox"/> EHRA 12-Mo. Faculty <input type="checkbox"/> EHRA 9-Mo. Faculty	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time – Hrs./Wk.:	

II. EMPLOYEE CERTIFICATION

I understand that I am applying to receive leave transferred from another employee's account and that my name may be known in order to process my request. If approved, any donated leave will be done on a strictly voluntary basis. I understand that if no donations are received, I may be placed on leave without pay. I also understand that I am responsible for pay back of leave time taken if no leave is donated. I understand that Voluntary Shared Leave (VSL) donations may only be applied after I have exhausted all of my available leave, including vacation, sick and bonus leave. I understand that my medical condition will not be shared.

I agree for my name to be used in soliciting leave. Yes No

If no, then your advertisement will list you as "Anonymous" by your department name.

III. REQUIRED DOCUMENTATION (Due within 15 days of completing this form)

Your own serious health condition, including incapacity due to pregnancy, prenatal medical care or childbirth	Medical Certification (Form WH-380-E for employee)
Family Member's Serious Health Condition	Family Member Medical Certification (Form WH-380-F)
Military Caregiver Leave	Certification for Serious Injury U.S. Department of Labor or Illness of a Veteran for Wage and Hour Division Military Caregiver Leave (Form WH-385-V)

IV. EMPLOYEE CERTIFICATION & SIGNATURE

I certify that the information I have provided on this form is accurate and complete. I have read and understand the VSL information available to me on the hr.unc.edu website. I understand that VSL runs concurrently with Family & Medical Leave (FMLA) and that any falsification of information may lead to appropriate administrative action, up to and including dismissal from UNC-CH.

Employee's Signature:		Date:	
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V. SUPERVISOR ACKNOWLEDGEMENT

Supervisor Name:		Supervisor Email:	
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Please contact Benefits & Leave Administration Unit in the Office of Human Resources to discuss any questions or concerns you may have regarding the employee's eligibility for VSL.

Supervisor's Signature:		Date:	
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VI. ROUTING OF DOCUMENTATION

This form is part of UNC-CH's Leave Administration program. Email this form and the required VSL documentation to leave@unc.edu. For questions, please call Benefits & Leave Administration at 919-962-3071.

The Voluntary Shared Leave program is in accordance with the Genetic Information Nondiscrimination Act.