

## VOLUNTARY SHARED LEAVE (VSL) DONATION FORM

### I. DONOR INFORMATION

<b>Donor Name:</b>	<b>PID #:</b>	
<b>Dept Name:</b>	<b>School/Division:</b>	
<b>Email:</b>	<b>Phone #:</b>	

### II. DONATION INFORMATION

Recipient Information		Donor's Annual Vacation Accrual Rate		
<input type="checkbox"/> <b>Unspecified Recipient:</b> Give my donation to an approved VSL applicant.		Hrs.	Min. per Year	
<input type="checkbox"/> <b>Specific Recipient:</b> Give my donation to the applicant indicated:		Accrued Leave Amounts		
<b>Recipient's Name:</b>			Current Balances	To be Donated
<b>PID #:</b>		Vacation:		
<b>Department:</b>		*Bonus:		
<b>School/Division:</b>		Sick:		
<b>Other Agency:</b>				
<b>If the recipient is <a href="#">family or a dependent</a>, indicate their relationship to you:</b>				
<b>Donation Rules:</b> <ul style="list-style-type: none"> <li>The minimum amount that may be donated is four hours.</li> <li>An immediate family member donor may donate vacation, bonus, or sick leave to another family member.</li> <li>A <b>non-family</b> member may donate sick leave to shared leave recipients.               <ul style="list-style-type: none"> <li>The donor shall not donate more than <b>40 hours</b> (prorated for part-time employees) of sick leave per year to any one non-family member.</li> <li>The combined yearly total of sick leave donated to a recipient from non-family member donors may not exceed <b>160 hours</b> (prorated for part-time employees).</li> <li>Donated sick leave shall not be used for retirement purposes.</li> </ul> </li> <li>The maximum amount of vacation leave that may be donated may not be more than the amount of the donor's annual accrual rate and may not reduce the donor's vacation leave balance below one-half of the annual vacation leave accrual rate.</li> <li>*Special Bonus Leave granted after 2014 cannot be donated as shared leave.</li> <li>Leave donated shall be kept confidential.</li> </ul>				
<b>Donor Signature:</b>		<b>Date:</b>		

### III. MUST BE COMPLETED BY THE HR REPRESENTATIVE OR AGENCY HR CONTACT

**Attestation:** I certify that the employee donating their leave has accrued leave available to donate and has complied with the rules listed above. If the donation is approved, I will ensure that the hours are deducted from the employee's timecard.

<b>HR Rep/Agency HR Contact Name:</b>			
<b>Email:</b>		<b>Phone #:</b>	
<b>Signature:</b>		<b>Date:</b>	

**Instructions:** The HR Representative must submit this form in [ConnectCarolina](#) on the **Donor's** behalf (not the Recipient's). The Agency HR Contact should email the completed form to [leave@unc.edu](mailto:leave@unc.edu). For questions, please call 919-962-3071 or send an email to [leave@unc.edu](mailto:leave@unc.edu).