

## Voluntary Shared Leave Request Form

I. EMPLOYEE DATA				
<b>Employee Name:</b>		<b>PID:</b>		
<b>Dept. Name:</b>		<b>Phone:</b>		
<b>Email Address:</b> <small>*Approval is sent by email</small>				
<b>Appointment Information:</b>	<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				
<p>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 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.</p> <p>Would you like for your department to solicit VSL donations on your behalf?</p> <p><i>If you select "No", you may still receive donations for "Unspecified Recipients" .</i></p>				
III. REQUIRED DOCUMENTATION (Due within 15 days of completing this form)				
Your own serious health condition, including disability due to pregnancy or childbirth	<a href="#">Medical Certification (Form WH-380-E for employee)</a>			
Immediate family member's serious health condition, including spouse's disability due to pregnancy or childbirth.	<a href="#">Family Member Medical Certification (Form WH-380-F)</a>			
Military Caregiver Leave for service member or veteran	<a href="#">Military Caregiver for a Current Servicemember, Form WH-385</a> <a href="#">Military Caregiver Leave for a Veteran, Form WH-385-V</a>			
IV. EMPLOYEE CERTIFICATION & SIGNATURE				
<p>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 <a href="http://hr.unc.edu">hr.unc.edu</a> website. I understand that VSL runs concurrently with Family &amp; Medical Leave (FMLA) if I qualify for FMLA leave and that any falsification of information may lead to appropriate administrative action, up to and including dismissal from UNC-CH.</p>				
<b>Employee's Signature:</b>		<b>Date:</b>		
V. SUPERVISOR ACKNOWLEDGEMENT				
<b>Supervisor Name:</b>		<b>Supervisor Email:</b>		
Please contact the Leave Administration Team if you have an questions or concerns regarding the employee's eligibility for VSL.				
<b>Supervisor's Signature:</b>		<b>Date:</b>		
VI. ROUTING OF DOCUMENTATION				
<p>Submit this form in ConnectCarolina (SelfService &gt; My Benefits Tile &gt; Leave &gt; Submit a Leave Document). For instructions on how to Submit a Leave Document in ConnectCarolina, please visit the <a href="#">Benefits &amp; Leave forms page</a>. If you have questions or need assistance, please call 919-962-3071 or email <a href="mailto:leave@unc.edu">leave@unc.edu</a>.</p>				

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