



**DONOR OF TRADITIONAL / PTO LEAVE**  
Application for Voluntary Shared Leave Program

**INSTRUCTIONS:** This form should be completed by the employee donating leave time to an applicant or nominee for the Shared Leave Program. All donations must be submitted within 30 days of the employee last work day. Donations are considered confidential unless the donor gives permission for this information to be released. Members participating in the Teachers' and State Employees' Retirement System will NOT receive credit at retirement for donated sick leave hours. Supervisors/Managers should collect donor forms and mail them to the following address:

UNC Health Care Employee Benefits  
1025 Think Place, Suite 400  
Morrisville, NC 27560  
Or Fax 984-9741305

**NOTE:** Your donation cannot drop your leave balance below half of what you accrue per year. If your balance is already lower than that, you are not eligible to donate.

<b>Shared Leave Recipient's Name</b>		<b>Recipient's Name</b>					
<b>Donor's Name and EID</b>		<b>Donor's Name</b>		<b>Donor's EID</b>			
<b>Donor's Relationship to Recipient</b>		<b>Relationship</b>					
<b>Donor's Dept. Name &amp; Number</b>		<b>Dept. Name</b>		<b>Dept. Number</b>			
<b>Donor's Telephone Numbers</b>		<b>Home Telephone</b>		<b>Work Telephone</b>			
<b>Total Hours Donated</b>		<b>Vacation/PTO Leave</b>		<b>Sick/Long Term Sick Leave Bank</b>			
<b>Is applicant aware of your donation?</b>		<b>YES</b>		<b>NO</b>			
<b>Shared Leave Recipient Employer</b>		<b>UNC Health Care</b>		<b>OTHER</b>			
<b>If Other, State Agency Name, Address, Phone Number and Contact Person for Shared Leave</b>		<b>Agency Name</b>					
<b>Street Address</b>		<b>City, State, Zip</b>					
<b>Contact Name</b>		<b>Phone Number</b>					
<b>Donor's Signature and Date</b>		<b>Signature</b>			<b>Date</b>		
<b>FOR HUMAN RESOURCES USE ONLY</b>							
<b>Appointment Type</b>		<b>Type</b>		<b>Hours Per Week</b>		<b>Hours</b>	
<b>Date Leave Balances Checked</b>		<b>Date</b>	<b>Sick/Long Term Sick Leave Bank</b>		<b>Hours</b>	<b>Vacation PTO</b>	<b>Hours</b>
<b>Leave Balance Accrual Rates Per Pay Period</b>			<b>Vacation/PTO</b>		<b>Sick/Long Term Sick Leave Bank</b>		
<b>Human Resources Authorization</b>					<b>Date</b>		