



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
James T. Hedrick Bldg.
211 Friday Center Drive, Suite 2057
Chapel Hill, NC 27517

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