



## 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. Sick leave/long term sick leave bank may be donated by immediate family members only (refer to Human Resources Policy for definition of Immediate Family Member). 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

<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>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>