



# Voluntary Shared Leave Request Form

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Employee Title \_\_\_\_\_ Department \_\_\_\_\_

Classification: SHRA EHRA

Work Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Leave to Begin \_\_\_\_\_

Leave to End \_\_\_\_\_

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 Shared Leave may only be applied after I have exhausted all of my available leave, including annual, sick and bonus leave

I agree for my name to be used in soliciting leave. I further understand that my medical condition will not be shared. Yes No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION B: DEPARTMENTAL ACKNOWLEDGMENT

Supervisor \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Employee \_\_\_\_\_

**Employees who have received formal written disciplinary action for abuse of leave in the last 12 months are not eligible for participation in the Voluntary Shared Leave Program. If you feel the above named employee is not eligible, attach a copy of the disciplinary letter and insert your comments below.**

Comments \_\_\_\_\_

Signature \_\_\_\_\_

Submit the completed form to Leave Administration

Mailing Address

Fayetteville State University—Human Resources Office

1200 Murchison Road

Fayetteville, NC 28301

Questions about this form? Contact Leave Administration at (910) 672-1823 / (Fax: (910) 672-1821