

FAYETTEVILLE STATE UNIVERSITY
Fayetteville, North Carolina 28301-4298

SHARED LEAVE APPLICATION/TRANSFER

INSTRUCTIONS: RECIPIENT/NOMINEE-Complete the required section and forward to the Division Vice Chancellor. FSU DONOR: Complete Section II and submit to the Human Resources Office. OTHER NC AGENCY TRANSFER: Submit the completed form thru the Agency Personnel Department to the FSU Human Resources Office.

I. RECIPIENT OF SHARED LEAVE (Complete this Section ONLY)

RECIPIENT NAME

SOCIAL SECURITY NO.

N.C. DEPARTMENT/UNIVERSITY

POS. CLASSIFICATION

ELIGIBILITY DATE _____

MEDICAL STATEMENT - Provide a brief description of medical condition and an estimated length of time needed (attach physician's statement)

RECIPIENT/NOMINEE SIGNATURE _____ DATE _____

RELEASE AUTHORIZATION – I _____ hereby give my permission for the Human Resources Office to release the above information for the purpose of benefits under the shared leave program, if I am approved.

RECIPIENT SIGNATURE _____ DATE _____

UNIVERSITY APPROVALS:			
Approval _____	Disapproval _____ (Check One)	Approval _____	Disapproval _____ (Check One)
_____	_____	_____	_____
DEPT. HEAD SUPERVISOR	DATE	DIVISION VICE CHANCELLOR	DATE

II. DONOR OF SHARED LEAVE: (Complete this section ONLY)

DONOR NAME

SOCIAL SECURITY NO.

N.C. DEPT/UNIVERSITY

FAMILY MEMBER: YES NO RELATIONSHIP _____

RECIPIENT NAME

N.C. DEPT/UNIVERSITY

HOURS DONATED: SICK (family member only)

VACATION _____

DONOR SIGNATURE _____ DATE _____

III. OTHER NC AGENCY CERTIFICATION OF RECEIPT OF LEAVE TRANSFER

This is to certify that _____ sick leave hours and/or _____ vacation leave hours have been transferred to effective _____ from the leave account of _____ of this agency.

PERSONNEL OFFICER/ADMINISTRATOR SIGNATURE _____ DATE _____