



Voluntary Shared Leave Application Form

Employees may request to participate in the Voluntary Shared Leave Program, in accordance with [Voluntary Shared Leave PIM 29](#), [University Policy Statement #101.14](#), and [State Personnel Manual, Voluntary Shared Leave](#). Please review all policy/program information.

Complete and submit this form to the Benefits Office, 207 King Building.

Applicant Name:		University ID#:	
Department:		Supervisor Name:	
Projected Leave of Absence Duration:	Begin Date:	End Date:	
Description (medical condition requiring prolonged absence - at least 20 workdays):			
Physician's certification must accompany this application.			

RELEASE AGREEMENT:	
As consideration of UNC Charlotte permitting me to participate in the Voluntary Shared Leave Program I have attached the necessary medical certification regarding the medical condition requiring my prolonged absence from work;	
I understand the reason for my leave will remain confidential unless I choose to have it made public as a means of soliciting donations by checking the appropriate box below:	
<input type="checkbox"/> Please release the nature of my illness to solicit donations	
<input type="checkbox"/> Please keep the nature of my illness confidential, but solicit donations by advertising that I have been approved for shared leave.	
Signature of Applicant:	Date:
Supervisor's Signature:	Date:
Benefits Director Signature:	Date: