

# NORTH CAROLINA DEPARTMENT OF COMMERCE

## VOLUNTARY SHARED LEAVE APPLICATION

### RECIPIENT SECTION

Full Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Division/Commission: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

Current Leave Balance As of: \_\_\_\_\_

	<u>Vacation Hours</u>	Sick Hours	Bonus Leave
Amount:	_____	_____	_____

Amount of Shared Leave Requested (**after exhausting all personal leave**): \_\_\_\_\_

Date Leave Required: \_\_\_\_\_

Justification of Request: (**Attach pertinent facts on medical condition and expected duration. A medical prognosis should accompany request**)

I certify the above is a true and accurate account of the information requested to the best of my knowledge. In addition, I agree to allow the Department to release the above information including medical information for the purpose of participating in the Shared Leave Program.

\_\_\_\_\_  
(Employee Signature) (Date)

APPROVED BY: \_\_\_\_\_  
(Supervisor's Signature) (Date)

\_\_\_\_\_  
(Division/Commission Head) (Date)

\_\_\_\_\_  
(Personnel Director) (Date)

# NORTH CAROLINA DEPARTMENT OF COMMERCE

## VOLUNTARY SHARED LEAVE APPLICATION

### DONOR SECTION

Full Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Division/Commission: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

Current Leave Balance As of: \_\_\_\_\_

	<u>Vacation Hours</u>	<u>Sick Hours</u>	<u>Bonus Hours</u>
Amount:	_____	_____	_____

### Amount of Donation

Vacation: \_\_\_\_\_

Bonus: \_\_\_\_\_

Sick \* \_\_\_\_\_

\*Advisory Note: At retirement a member of the TSERS with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

Indicate Specific Recipient: (Name, Department) \_\_\_\_\_

Comments:

I certify the above is a true and accurate account of the information requested to the best of my knowledge. In addition, I certify that any donation of leave is done so freely and with no agreement, oral or written for remuneration from any party.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

APPROVED BY: \_\_\_\_\_  
(Shared Leave Coordinator)

\_\_\_\_\_  
(Date)