



NC OFFICE OF THE STATE CONTROLLER

VOLUNTARY SHARED LEAVE APPLICATION

Name of Recipient _____ Position/Title _____

Employee ID _____ Supervisor _____

Division/Section _____ Supervisor's Phone _____

Leave requested for Employee or Immediate Family (state relationship)

General Medical Condition (Attach Physician Statement)

Vacation Leave Balance

Sick Leave Balance

Bonus Leave Balance

Employee's Authorization

I, _____ have requested, or have been nominated, to receive leave under the provisions of the voluntary shared leave policy of the State of North Carolina, and hereby authorize the disclosure of my need for donated leave.

Recipient's signature

Date:

For Human Resources Staff Use Only

Amount Of Leave Received:

Vacation _____ Sick _____ Bonus _____

Amount Of Leave Returned:

Vacation _____ Sick _____ Bonus _____

_____ **Approved**

_____ **Not Approved**

Signature

Date

Date Donation Period Closed _____