



**NORTH CAROLINA  
AGRICULTURAL AND TECHNICAL  
STATE UNIVERSITY**

**Voluntary Shared Leave Application Form**

Division of Human Resources: Benefits Department  
1020 East Wendover Avenue. Suite 109 Greensboro, NC 27411  
Phone: (336) 334-7226 Fax: (336) 334-7316

Name:		Banner ID:	
Department:		Supervisor Name:	
Mailing Address:		Phone Number:	
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.			

<b>RELEASE AGREEMENT:</b>	
As consideration of NCA&T 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:

TO BE COMPLETED BY DIVISION OF HUMAN RESOURCES				
Leave Balances:	Vacation:	Sick:	Bonus:	As of Date:
Leave Administrator :				Date:
Benefits Counselor :				Date: