

## VOLUNTARY SHARED LEAVE PROGRAM – REQUEST FORM

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Estimated Length of Disability: \_\_\_\_\_

Amount of Leave (hours) Requested: \_\_\_\_\_ **(Maximum 174 hours)**

Description of Medical Condition – (Attach supporting documentation)

---

---

---

### **RECIPIENT GUIDELINES:**

- A. A prospective recipient may make application for voluntary shared leave at such time as medical evidence is available to support the need of leave beyond the employee's available accumulated leave.
- B. The maximum number of hours an employee may receive in any consecutive twelve-month period is 174. This benefit shall be for all employees, granted on a month-by-month basis by management, either continuously or, if for the same condition, on a recurring basis if management would have otherwise granted leave without pay.
- C. An employee may begin using voluntary shared leave after all available sick, vacation, and bonus leave have been exhausted. While using voluntary shared leave, the employee continues to earn leave; when accounting for leave, this vacation and sick leave should be used first.
- D. An employee who has a medical condition and who receives benefits from the Disability Income Plan of North Carolina (DIPNA) or the CPCC short-term disability plan held for its employees is not eligible to participate in the shared leave program. However, shared leave may be used during the required waiting period for short term disability.
- E. An employee on workers' compensation leave who is drawing temporary total disability compensation may be eligible to participate in this program, but would be limited to use according to the supplemental leave schedule issued by the North Carolina Office of State Personnel.
- F. This leave shall be counted toward the recipient employee's FMLA benefit.
- G. At the expiration of the medical condition, as determined by the College, any unused donated leave in the recipient's donated leave account in excess of 40 hours shall be returned to the donor(s) on a pro rata basis and credited to the leave account from which it was donated. Fractions of an hour shall not be returned to an individual donor.
- H. If a recipient separates from the College, or provides notice of intent to separate due to resignation or retirement, participation in the program ends. Donated leave shall be returned to donor(s) on a pro rata basis.

### **CONSENT FORM:**

I, \_\_\_\_\_, hereby request permission to participate in the Shared Leave Program.

(Please select one of the options below)

I am willing to have my name disclosed to other CPCC employees. (or)

I am not willing to have my name disclosed to other CPCC employees.

I fully understand that such a disclosure could result in the release of information considered confidential that is normally not disclosed to the general public. I further understand that transfer of leave is strictly voluntary and I am not to solicit leave from fellow employees.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### **RETURN FORM TO HUMAN RESOURCES**

DATE RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_