



University of North Carolina School of the Arts
Office of Human Resources
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Winston-Salem, North Carolina 27127-2188
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www.uncsa.edu

Application for Voluntary Shared Leave

To: Human Resources

Date: _____

I would like to Nominate / Apply for the shared leave program.
(Circle One)

Name of Recipient: _____

Banner ID number: _____

Job Classification: _____

Description of Medical Condition: _____

Estimated Length of Disability: _____

Signature: _____
(Nominator)

Signature: _____
(Recipient)

(The signature of the recipient authorizes the release of information regarding the request for Shared Leave. The recipient agrees to ALL terms for Shared leave Policy. Please attach medical documentation to this form.)

HR Representative's Signature: _____