



A campus of the UNIVERSITY OF NORTH CAROLINA

OFFICE OF HUMAN RESOURCES
(828) 227-7218

To: -Director of Human Resources

From:

Date:

Subject: Application or Nomination for Participation in the Voluntary Shared Leave Program.

Applicant's Name: _____

Classification Title: _____

Department or Office: _____

Description of the medical condition requiring absence from work:

Form to be completed by physician(s) is attached.

Estimated length of time to be absent from work: _____

Worker's Compensation Leave provisions _____ apply _____ do not apply.

Release Agreement: For and in consideration of Western Carolina University permitting me to participate in the Voluntary Shared Leave Program, I agree to have the information regarding my absence from work made known for the purpose of receiving shared leave from fellow employees.

By: _____
Applicant's Signature Date

By: _____
Nominee's Signature Date

For Office of Human Resources Use Only

Vice Chancellor's or Asst. To Chancellor's Approval Date

PO Form 02/15/95

CULLOWHEE, NORTH CAROLINA 28723-9646

Western Carolina University is an affirmative action/equal opportunity employer.