

Guilford Technical Community College
Human Resources
Post Office Box 309 - Jamestown, NC 27282
(336) 334-4822/(336) 454-1126

VOLUNTARY SHARED LEAVE (VSL) REQUEST

Please check one: Donor Recipient

Note: Use the tab key to move from field to field

DONOR INFORMATION

Name _____ SS# _____ Telephone (home) _____
Employer _____ Telephone (work) _____
Address _____ Telephone (if different from above work number) _____
Department/Division _____
Amount of leave to be donated: Sick _____ hours Vacation _____ hours
Recipient's Name _____ SS# _____ (to be completed by HR)
Relationship to recipient: _____

Note: A non-family member donor may contribute only vacation leave to another employee within the same department or college. A non-family donor may not contribute leave outside the parent agency. A family member, who is a State employee, may contribute vacation or sick leave to another immediate family member State employee in any department or college.

I understand that this donation of leave is entirely voluntary. I am donating leave of my own free will without coercion and understand that I will not receive any pay or favor in return. **I understand that an Annual Leave/Personal Leave form must accompany this request.**

Signature _____ Date _____

RECIPIENT INFORMATION

Name _____ SS# _____
Telephone (home) _____ (work) _____
Employer _____ Address _____
Department/Division _____
Status: Full-time or Part-time & Regular or Term
If part-time, indicate the number of hours worked each week: _____ hours
Estimated length of disability _____
Medical condition is supported by physician's statement attached: Yes No
A physician's statement must be attached in order for the application to be considered.
Amount of voluntary shared leave requested _____ hours

I hereby request participation in the Voluntary Shared Leave (VSL) Program due to medical reasons. I hereby authorize the release of necessary information for the purpose of receiving leave as prescribed by the VSL Program policy. I further authorize my treating physician to release any information obtained in the course of my examination(s) or treatment(s) to my employer as indicated for purposes of receiving donated leave in accordance with the VSL Program policy.

I understand that I may not force or coerce any individual into donating leave. The donation of leave under this program will be entirely voluntary. If the use of force or coercion is discovered, I understand that such action shall be grounds for disciplinary action, up to and including dismissal on the basis of personal misconduct.

Signature _____ Date _____

Human Resources Only

Date Received _____ GTCC Donor: Vac _____ hours / Sick _____ hours
Date Supervisor notified _____ Amount of VSL granted: Vac _____ hours / Sick _____ hours
Employee Classification _____ Date Payroll Notified _____ HR Rep. Initials _____

Payroll Only

Recipient's Balances as of: _____ (date) Vacation: _____ (hours) / Sick _____ (hours) Date Processed: _____