WAKE FOREST UNIVERSITY

Human Resources

APPLICATION FOR SHARED PTO LEAVE

Employee Name: ______________________________ ID: ____________________

Department: ______________________________ Department Phone: ____________

Supervisor: ____

The intent of the Voluntary Shared PTO Leave Policy is to assist another employee when an employee or an immediate family member of the employee experiences a prolonged medical condition resulting in the employee being placed in a leave without pay status. The Voluntary Shared PTO Leave Policy can be found online at: www.wfu.edu/hr

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Estimated length of absence from work: ______________________

Current PTO Balance: ___________________________________

(*Exempt employees must attach a copy of your PTO leave record*)

Brief description of the medical condition requiring a prolonged absence (at least 20 workdays):

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Note: Medical Certification and FML request (*if applicable*) must accompany this application.

RECIPIENT STATEMENT OF UNDERSTANDING

I certify that I am not currently receiving any paid benefits as a result of my employment with the university, such as Short-Term Disability or Workers' Compensation while receiving pay from this donated time. Additionally, I understand that compensation received under the Voluntary Shared PTO Leave Program is considered taxable income.

I understand that the receipt of Shared PTO will remain confidential.

________________________________ ____________________

Signature of Recipient Date

________________________________ ____________________

Signature of Supervisor Date