



Human Resources

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. The Voluntary Shared PTO Leave Policy can be found online at: [www.wfu.edu/hr](http://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 10 workdays):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**RECIPIENT STATEMENT OF UNDERSTANDING**

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