

STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT
North Carolina Administrative Office of the Courts
Human Resources Division
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APPLICATION
FOR PARTICIPATION IN
VOLUNTARY
SHARED LEAVE PROGRAM

INSTRUCTIONS: Section I of this Application is to be completed by the employee requesting leave or someone acting on the employee's behalf. Section II should only be completed if employee is not applying for Family Medical Leave (FMLA) or Family Illness Act (FIL). After completion of Section III by the hiring authority, mail original to: Administrative Office of the Courts, Human Resources Division. The employee and hiring authority will be notified in writing whether the employee qualifies for voluntary shared leave.

SECTION I. REQUEST FOR LEAVE - To Be Completed By Employee

Name Of Employee		Last Day Worked	Projected Date For Return To Work
Social Security Number (last four digits only)		Job Title	
Home Address (Including City, State, Zip)		Judicial District/AOC Division	
		Home Telephone Number	Work Telephone Number
Are you currently receiving or have you applied for benefits under the State Employee Disability Income Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Signature

Employee's Statement Of Medical Condition/Comments

SECTION II - MEDICAL INFORMATION - To Be Completed By Physician

Physician Statement:

Dates Of Medical Absence From Work From: _____ To: _____		Projected Return To Work Date	Will Return To Work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time for _____ hrs per week.
Name And Address Of Attending Physician (Including City, State, Zip)		Signature Of Attending Physician	
		Date Signed	Physician Telephone Number

SECTION III - HIRING AUTHORITY'S APPROVAL

Date Approved By Hiring Authority	Comments
Signature Of Hiring Authority	
Title Of Hiring Authority	
Name Of Hiring Authority (Type or Print)	Date Forwarded To Human Resources Division

SECTION IV - FOR AOC HUMAN RESOURCES USE ONLY

Date Application Received	Determination <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify	Comments
Period Of Eligibility		
Date Reviewed And Approved	Signature Of Human Resources Representative	
Date Processed In BEACON	Processed By	

VOLUNTARY SHARED LEAVE PROGRAM

Purpose

The purpose of the Voluntary Shared Leave Program is to provide Judicial Branch employees an opportunity to donate a portion of their accumulated leave to Judicial Branch and other state employees and for employees to receive leave who otherwise would be forced to go on leave without pay.

Who Is Eligible?

Employees of the Judicial Branch who are in permanent positions that accrue leave in the BEACON Time System. To receive donated leave in this program, an employee must have regular appointment status; and have exhausted all available sick and approved leave before using donated leave. *(The limitation and leave balance for regular part-time employees is prorated.)* An employee on workers' compensation and employed for one year who is drawing weekly temporary total disability compensation may be eligible to participate in this program. Use of the donated leave under the Workers' Compensation Program would be limited to use with the supplemental leave schedule. (Refer to Section 6 of the Personnel Management Manual).

In order to receive voluntary shared leave, an employee must have complied with existing leave rules and

- I Have a prolonged medical condition, (or a member of the employee's immediate family has a medical condition that requires the employee's absence for a prolonged period of time),
- I Apply for or be nominated to become a recipient,
- I Produce medical evidence to support the need for leave beyond the available accumulated leave, and
- I Be approved by the Hiring Authority.

Prolonged medical condition - The condition of an employee or family member of an employee that requires the employee's absence from duty for a period of at least 20 consecutive workdays, and that without paid leave would create a severe financial hardship. If the employee has had a previous absence, or if the employee has had a previous but different prolonged medical condition within the last twelve months, an exception to the 20-day period may be made.

Definition of Immediate Family

Spouse	Parent	Child	Brother/Sister	Great/Grand	Dependents
Husband Wife	Biological Adoptive Step Loco Parentis* In-law	Biological Adoptive Foster Step Legal Ward In-Law	Biological Adoptive Step Half In-Law	Parent Child Step In-Law	Living in the employee's household.
* A person who is in the position or place of a parent.					

Non-Qualifying Reasons

Employees who receive disability benefits from the Disability Income Plan of North Carolina (DIPNC) are not eligible to participate in the Voluntary Shared Leave Program. Shared leave, however, may be used during the required 60-day waiting period and following the waiting period provided DIPNC benefits have not begun. Also, this program does not apply to short-term or sporadic conditions of illnesses that are common, expected, or anticipated. These examples are illustrative, but not all inclusive. Each situation must be examined and decided on a case-by-case basis and must be handled consistently and equitably.

How To Apply

An employee seeking shared leave shall apply or be nominated by another employee. Requests for participation in the Voluntary Shared Leave Program should include a doctor's statement which certifies that the medical condition requires the employee be absent to provide care that is not otherwise available. Section II should only be completed if employee is not applying for Family Medical Leave (FMLA) or Family Illness Act (FIL). The Human Resources Division will consult with the Hiring Authority to determine the period of eligibility. The Hiring Authority and employee will be notified in writing of the decision.

How much leave can a recipient receive?

The amount of leave a recipient may receive is 1040 hours (prorated for part-time employees), either continuously or, if for the same condition, on a recurring basis. However, the NCAOC Human Resources may grant continuation, on a month-to-month basis, to a maximum of 2080 hours, if the hiring authority would have otherwise granted leave without pay.

How Much Leave Can Be Donated?

Vacation	Sick	Bonus
The minimum is 4 hours. The maximum amount of vacation leave that may be donated: <ul style="list-style-type: none"> I May not be more than the amount of the donor's annual accrual rate, and I May not reduce the donor's vacation leave balance below one-half of the annual vacation leave accrual rate. 	The minimum amount of sick leave that may be donated is 4 hours. The maximum amount of sick leave that may be donated is: <ul style="list-style-type: none"> I is 1040 hours, but I may not reduce the sick leave account below 40 hours 	The minimum amount of bonus leave that may be donated is four hours. The maximum amount may not reduce the donor's bonus leave account below 0 hours. Amounts are prorated for part-time employees.