North Carolina Agricultural and Technical State University

2025 Election Form

EMPLOYEE OPTION TO PARTICIPATE IN THE EHRA PERSONAL LEAVE PROGRAM

Employee Name		Employee ID	
Position #		Effective Date	

My signature below indicates that I have elected to exercise my option to participate in the EHRA Personal Leave Program. I understand:

1. That the effective date of beginning participation in the Personal Leave Program will be the first day of the month following my election date;
2. That I may retain up to 240 hours of vacation or annual leave ("Legacy Annual Leave") at the time I elect to convert to the Personal Leave Program and that any vacation/annual leave in excess of these 240 hours will be forfeited;
3. That any Legacy Annual Leave retained will be maintained and tracked separately from my Personal Leave accruals and that any unused Legacy Annual Leave will roll over into the next leave year;
4. That any Legacy Annual Leave retained may be used in the same manner as vacation/annual/ personal leave;
5. That I will no longer accrue vacation/annual leave but instead, under the Personal Leave Program, I will receive 26 days of Personal Leave each calendar year, pro-rated for part-time employment, and that I must maintain at least half-time employment in order to receive leave accruals;
6. That, at my institution's discretion, I may be offered one or more opportunities to have my Legacy Annual Leave paid out during my employment, and that my Legacy Annual Leave will be paid out when I leave employment with this institution or take a position not subject to the Personal Leave Program; and
7. **That, if I choose to participate in the Personal Leave Program, the decision is irrevocable for the duration of my employment at this institution in a position subject to the Personal Leave Program**.

___I wish to have my vacation leave paid out.

___I wish to bank my vacation leave, which will be transferred to Legacy Leave.

I understand that I can find more information about the personal leave program in Section 300.2.22 and 300.2.22.1[R] of the [UNC Policy Manual available online](#).

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Employee Signature   *Date*