

Voluntary Share Leave Donation

Donor Information

Name of Donor: _____ Agency: _____

Employee ID: _____ Division/Section: _____

In accordance with the Voluntary Shared Leave Policy of the State of North Carolina, I hereby authorize the transfer of:

_____ **Vacation Leave** (4 hour minimum)

_____ **Bonus Leave** (4 hour minimum)

_____ **Sick Leave*** (4 hour minimum- 40 hour maximum for non-family members/1,040 hour maximum for immediate family members)

Please specify the relationship to recipient if donating more than 40 hours. _____

Recipient Information

Name of Recipient: _____ Agency: _____

Employee ID: _____ Division/Section: _____

Acknowledgement

*Sick Leave: When donating sick leave, donor's signature below acknowledges that donor is aware of the State retirement credit consequences. Advisory note: At retirement, a member of the TSERS with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

Donor Signature: _____ Date: _____

For Human Resources Staff Use Only

Donor is eligible to donate in accordance with the State of North Carolina Voluntary Shared Leave Policy.

Leave Administrator: _____ Email Address: _____

Phone Number: _____ Leave Returned: _____ Yes _____ No

Date: _____ Amount: _____

External Agency Contact: _____