

Voluntary Shared Leave Donation

Donor Information

Name _____

Employee ID _____

Agency _____

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 relationship if donating more than 40 hours.

Recipient Information

Name of Recipient _____

Employee ID _____

Agency _____

Division/Section _____

*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's 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 _____ Date _____

External Agency Contact Information

Name: _____ Email Address: _____ Phone: _____

Leave Returned:

Yes _____

No _____

Amount _____