

VANCE COUNTY SCHOOLS



Voluntary Shared Leave Donor Form

\_\_\_\_\_, an employee of Vance County Schools, has been approved for a FMLA leave of absence and has requested to receive voluntary shared leave.

Donor's Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to recipient: \_\_\_\_\_ Donor's State Agency or LEA Employer: \_\_\_\_\_

Type of Leave Donated:

\*SICK LEAVE  ANNUAL LEAVE  BONUS LEAVE NUMBER OF DAYS \_\_\_\_\_

\*Effective January 1, 2011, a public school employee may also donate sick leave to a nonfamily members employed in public school systems. A public school employee shall not donate more than 5 days of sick leave per year to any one nonfamily member. The combined total of sick leave received from nonfamily members shall not exceed 20 days per year. Note: a donor may not reduce his or her annual leave or sick leave balance below one-half of what the donor earns in a year.

By signing this form, I am agreeing to donate eligible leave and am also acknowledging that I have not accepted compensation of any form from the named individual for donation of leave. I also understand that sick leave balance provides an income safety net while employed and that sick leave also has value at retirement. At retirement a member of the Teachers' and State Employees' Retirement System with an earned sick leave balance receives an additional month of service credit in TSERS for each 20 days, plus one additional month if there is a remainder. The additional service credit increases the retirement benefit for the remainder of the life of the retiree. And if I choose to donate sick leave, I understand the consequence of reducing these benefits.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature of Donor's HR/Payroll Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

Individuals may be required to furnish proof of relationship.

At the expiration of the period approved for voluntary shared leave as determined by the school system/state agency, any donated leave in excess of 40 hours must be returned on a pro rata basis to the donors.

Please return this form to: Vance County Schools, Human Resource Department  
c/o Jamella White-Russell  
P.O. Box 7001, Henderson, N.C. 27536  
(252) 492-2127 Fax: (252) 430-7710

Vance County Schools Human Resource Use Only:

\_\_\_\_\_  
Approval Signature of VCS Executive/Assistant Director, HRM

\_\_\_\_\_  
Date

Number of hours approved: \_\_\_\_\_