



VOLUNTARY SHARED LEAVE DONATION FORM

NAME: _____ LOCATION: _____

Please donate _____ day(s) from my **Annual Leave (AL)** account to: _____
(Employee Receiving Leave)

Please donate _____ day(s) from my **Bonus Leave (BL)** account to: _____
(Employee Receiving Leave)

Please donate _____ day(s) from my **Sick Leave (SL)** account to: _____
(Employee Receiving Leave)

PLEASE NOTE - Up to 5 days of sick leave can be donated from an employee to another employee who is a non-family member. This 5 day rule does not apply for immediate family members in the same or in another school system in the State. If donating more than 5 days, please circle the appropriate immediate family relationship: SPOUSE, CHILD, PARENT, BROTHER, SISTER, GRANDPARENT, GRANDCHILD, DEPENDENT (living in the employee's household). Also included are the STEP, HALF and IN-LAW relationships.

PLEASE NOTE - Donation of sick leave can impact your retirement and/or additional service available through the Teachers' and State Employees' Retirement System.

SIGNATURE DATE SOCIAL SECURITY NO.

FOR HUMAN RESOURCES DEPARTMENT ONLY

TO: _____

FROM: Human Resources - Benefits

RE: VOLUNTARY SHARED LEAVE DONATION

Thank you for your support of the Voluntary Shared Leave Program.

_____ This confirms your donation to the employee listed above for the amount of:

_____ day(s) of Annual Leave	_____ day(s) of Bonus Leave	_____ day(s) of Sick Leave
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_____ You are not eligible to donate at this time since your leave balance may not be reduced below ½ of the amount you can earn per year.

_____ The employee to whom you donated leave to has already received the number of days requested; therefore, we will not be making the deduction from your leave amount.

_____ The number of days donated has been reduced to _____ since giving the amount you indicated would reduce your leave balance below ½ of the amount you earn per year.

Balance: _____ AL / BL / SL • Earning _____ per _____ months • Payroll: JD, GE, AB, FC, SH • Date: _____