



New Hanover County Schools  
Reach, Equip, Achieve

**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 <b>Annual Leave</b>	_____ day(s) of <b>Bonus Leave</b>	_____ day(s) of <b>Sick Leave</b>
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\_\_\_\_\_ You are not eligible to donate at this time since your leave balance may not be reduced below 1/2 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 1/2 of the amount you earn per year.

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