

## Voluntary Shared Leave

Name of employee transferring leave:

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Name of recipient and agency:

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Is recipient a member of your immediate family:

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Yes

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No

Type and amount of leave transferred:

Annual Leave

Bonus Leave

Sick Leave

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Total Leave Transferred

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Donor's Signature

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Approval of donor agency:

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Wilkes Community College

Approval of recipient agency:

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Recipient Agency please complete form and mail to:

**Attn: Human Resources  
Wilkes Community College  
PO Box 120  
Wilkesboro, NC 28697**