



Shared Leave Donation Form

Applicant Name: _____ Banner I.D.: _____

Applicant Department: _____

MEDICAL STATEMENT: Please attach medical certification of Health Condition or a doctor's note

RECIPIENT RELEASE AUTHORIZATION- I, _____, hereby give my permission for the Human Resources Office to release the above information for the purpose of benefits under the shared leave program, if I am approved.

Supervisor: Approval Disapproval Supervisor Signature: _____

Donor Name: _____ Banner I.D.: _____

Family Member: YES NO If yes, what is the relationship? _____

Department or Outside Agency Name: _____

I am aware of the following regulations:

- The minimum amount of all donations is 4 hours.
- The maximum amount of vacation donated cannot reduce my leave balance below ½ of the annual accrued rate.
- Sick leave may be donated to an immediate family member but may not reduce the sick leave account below 40 hours.
- An employee of a State agency may donate sick leave to a nonfamily member but shall not donate more than 5 days of sick leave per year to any one nonfamily member.
- The combined total of sick leave donated to a recipient from a nonfamily member shall not exceed 20 days per year.
- Donating sick leave causes a reduction in the retirement service credits.

Please indicate the type and amount of leave to be donated:

Vacation Leave Hours: Number of Hours: _____ or Number of Days: _____

Sick Leave Hours: Number of Hours: _____ or Number of Days: _____

Bonus Leave Hours: Number of Hours: _____ or Number of Days: _____

I understand that my donation is voluntary and confidential. I understand my leave balance will be decreased by the amount contributed and this donation may affect creditable State service upon retirement and the payout of vacation upon termination or retirement.

Donor Signature: _____ Date: _____

Human Resources Official Signature: _____

Other NC Agency Certification of Receipt of Leave Transfer

This is to certify that the above sick/vacation leave has been transferred to the selected recipient

Personnel Administrator Signature: _____ Date: _____