



North Carolina Community College System
Voluntary Shared Leave Form
(for donations across colleges)

Name of Employee Donor: _____

College: _____

In accordance with the Voluntary Shared Leave Policy in the State Board of Community Colleges Code, I hereby authorize the transfer of:

_____ hours of vacation leave (4 hour minimum)

_____ hours of bonus leave (4 hour minimum)

_____ hours of sick leave* (4 hour minimum, 5 days maximum for non-family members/
1,040 hour maximum for family members)

to (Recipient Name) _____

at (Recipient College) _____

Relationship to recipient if immediate family member: _____

*Sick Leave: When donating sick leave, the donor's signature below acknowledges that donor is aware of the State retirement credit consequences. At retirement, a member of TSERS with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

Donor's Signature: _____ Date: _____

For Donor College Staff Use Only

Donor is eligible to donate in accordance with the Voluntary Shared Leave Policy in the State Board of Community Colleges Code.

Approver Signature: _____ Date: _____

Name: _____ Phone: _____

Email Address: _____ Fax: _____

For Recipient College Staff Only:

Amount of leave accepted: _____

Amount of leave returned to the donor: _____

Recipient College Approver Signature: _____ Date: _____

Recipient College Approver Name: _____