



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

Voluntary Shared Leave Donation Form

Family and non-family members may donate sick, vacation, and bonus leave according to [State Personnel Manual, Voluntary Shared Leave](#). Please review all policy/program information. Submit completed forms to the Division of Human Resources office, Attn: Benefits, 1020 E. Wendover Ave., Suite 109

Leave Type	MINIMUM		MAXIMUM	
	Family or Non-family	Family	Nonfamily	
Sick:	4 hours	Any amount not to exceed the total combined limit, as long as 40 hours of sick leave is remaining after donation	No more than 40 hours per year to any one non-family member, as long as the donor has at least 40 hours of sick leave remaining after donation Special Notes: <ul style="list-style-type: none"> • 160 hours per year is the recipient cap from multiple non-family donors • Donated sick leave shall not be used for retirement purposes 	
Vacation:	4 hours	Any amount that does not exceed the donor's annual vacation accrual rate, and reduce the donor's vacation leave balance below one-half of their vacation leave accrual rate (i.e., an employee who accrues 11 hours a month can donate up to 132 hours as long as their vacation leave balance is 66 hours or more after the donation)		
Bonus:	4 hours	Any amount not to exceed total combined limit		
Combined Total	Total (combined sick/vacation/bonus) leave cannot exceed: <ul style="list-style-type: none"> • 1,040 (pro-rated for part-time employees) either continuously or, if for the same condition, on a recurring basis • The supervisor may request special consideration through the Associate Vice Chancellor of Human Resources for additional hours on a month-to-month exception (up to maximum of 2,080), if employee would otherwise be granted leave without pay (LWOP) 			

DONATION			
Leave Type	Family Member	Nonfamily Member	Do you wish to remain anonymous? <input type="checkbox"/> No <input type="checkbox"/> Yes
Sick Leave Hours			
Vacation Leave Hours			
Bonus Leave Hours			

RECIPIENT NAME:
(whom I believe to be eligible for this program)

Certification:

- I have read and understand the policies as they relate to Shared Leave donations;
- I understand donors cannot receive payment for sick, vacation or bonus leave donated;
- I understand donation of sick leave may impact my state retirement benefits if enrolled in Teachers' and State Employees' Retirement System (TSERS) , since it is used to increase creditable service when I retire;
- Under the provisions of the Voluntary Shared Leave Program, I request to make this donation.

DONOR NAME:

Banner ID#:

Department:

Donor Signature:

Date:

TO BE COMPLETED BY THE HUMAN RESOURCES FACILITATOR

Vacation Leave Earning Rate	Yearly Accrual:		Monthly Accrual:					
Current Leave Balances:	Vacation:		Sick:		Bonus:		As of:	
Approved by HR Facilitator:					Date:			

Voluntary Shared Leave Donation Form - Revised 3/26/19