**ANSON COUNTY SCHOOLS   
VOLUNTARY SHARED LEAVE   
Agreement to Donate Leave**

**Date**

*By this agreement, I authorize Anson County Schools to reduce my Sick and/or Annual Leave balance(s) to donate same to employee name below. I further understand that I may not receive compensation in any form for the donation of leave and that acceptance of same will result in my dismissal.*

* **Sick Leave may be donated to an employee of a public school system. A public school employee shall not donate more than five days of sick leave per year to any one non-family member.**
* **Sick Leave may be donated to an employee who is an immediate family member of the donor. (Spouse, children, parents, brother, sisters, grandparents, grandchildren, dependents living in the employee's household, including step, half and in-law relationships).**
* **Any eligible employee in the school system may donate Annual Leave to any approved employee.**

Employees who donate sick leave should understand the State retirement credit consequences of donating sick leave. That is, the sick leave balance provides an income safety net while employed. Sick leave also has value at retirement. At retirement a member of the Teacher' and State Employees' Retirement System with an earned sick leave balance receives an additional month of service credit in TSERS for each 20 days, plus one additional month if there is a remainder. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

**Name of Donor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Days Donated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Work Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee to whom donated:**

**Position School/Site**

**Relationship of this employee to donor (if applicable):**

**Note: Please forward completed form to: Human Resources**

**Anson County Schools**

**320 Camden Rd**

**Wadesboro, NC 27331-1010**

***(For Personnel Office Use Only)***

**Approved by:**

**Superintendent/Designee**