



ANSON COUNTY SCHOOLS VOLUNTARY SHARED LEAVE Agreement to Donate Leave



- ❖ Sick Leave may be donated to an employee who is an immediate family member of the donor. (Spouse, parent, child, brother, sister, grandparent, grandchild, or a co-worker's immediate family member who is an employee of a qualifying state agency. This includes step, half, and in-law relationships.).
- ❖ A public-school employee shall not donate more than five days of sick leave per year to any one non-family member.
- ❖ The combined total of leave from non-family members cannot exceed 20 days per year, defined as any 12-month period.
- ❖ Any eligible employee in the school system may donate Annual Leave to any approved employee.
- ❖ The donation of sick leave may not reduce the donor's sick leave balance below one-half of what can be earned in a year.
- ❖ Any unused donated leave at the end of approved voluntary shared leave period will be returned to the donor/s on a pro-rata basis.

State Retirement Consequences of Donating Leave

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.

Donors Name: _____ School/Location: _____

Leave Donated To: _____ School/Location: _____

Family Relationship: _____ # Leave Days Donated: _____ Type of Leave Donated: _____

By this agreement, I authorize Anson County Schools to reduce my Sick and/or Annual Leave balance(s) to donate the designated amount and type of leave to the employee named below. I further understand that this donation is voluntary, is not given under duress, and I will not receive compensation in any form for the donation of leave and that acceptance of compensation will result in my dismissal.

Signature: _____ Date: _____

Note: Please forward completed form to: Anson County Schools - Human Resources
320 Camden Rd
Wadesboro, NC 27331-1010

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(For Personnel Office Use Only)

Voluntary Shared Leave Donation Checklist

_____ If an immediate family member (Spouse, parent, children, brother, sister, grandparent, grandchild, co-worker of an immediate family member. This includes step, half, and in-law.) is donating leave they are employed by any NC public-school system, state agency, or community college.

_____ The total combined amount of leave received does not exceed 130 total leave days in a 12-month period (includes family and non-family donations of leave)

_____ If leave is donated by a non-family member, the amount does not exceed more than 5 sick days for any single donor in a 12-month period and does not exceed 20 total days of donated leave for all combined non-family donors.

_____ Donor does not reduce their leave balance below one-half of what can be earned in a year.

Amount and Type of Leave Recommended for Approval: _____

Recommended Approved: _____ Date: _____
Human Resources Manager

Approved by: _____ Date: _____
Director of Human Resources