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| --- | --- | --- | --- | --- |
| **Name of Donor:** |       |  | **ID Number:** |       |

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| I would like to donate: |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Vacation: |       | hours. |
| [ ]  | Bonus: |       | hours. |
| [ ]  | Sick: |       | hours. |

|  |  |
| --- | --- |
| **Recipients Name:** |       |
| **Relationship to Recipient:** |       |
| **Signature of Donor:** |       |

**Qualifiers to Donate Leave:**

To donate voluntary shared leave (VSL), an employee must, at the time of donation:

* be an active employee (not separated);
* be in a position that earns leave; and
* have sufficient leave balances (limited to allotted leave allowed to donate).

State employees who are exempt from the personnel act (EPA) can only participate if they are in comparable leave earning and reporting positions. Paid Time Off (PTO) leave programs are not considered comparable.

An employee may donate leave to another employee who has been approved to receive voluntary shared because of a medical condition of the employee or a member of the employee’s immediate family that will require the employee to be absence for a prolonged period.

An immediate family member donor of any agency, public school system, or community college may donate vacation, bonus or sick leave to another immediate family member in any agency, public school or community college. (See definitions of immediate family as outlined in the policy.)

A non-family member of a State agency may donate sick leave to a non-family member of a State agency under the following provisions:

* The donor shall not donate more than five (5) days of sick leave per year to any one non-family member.
* The combined total of sick leave donated to a recipient from a non-family member shall not exceed twenty (20) days per year.

Review VSL Policy: <https://oshr.nc.gov/policies-forms/leave/voluntary-shared-leave>

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| **Donating sick leave may impact the amount of creditable service you will have at retirement.** |

**Please contact Human Resources with questions at 336-334-5009.**

**For HR Use Only:**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Faculty – Form sent to Faculty Personnel Services on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_