



Shared Leave Donation Form

Please submit to the Benefits Office, 207 King Building

Please review Personnel Information Memoranda 29 for information regarding the Shared Leave program. This can be found online at <http://hr.uncc.edu/pims/voluntary-shared-leave-program>.

I understand:

- Family and non-family member donors may donate sick leave, vacation, and bonus leave according to PIM 29, University Policy Statement #97, and State Personnel Manual, Section 5, Voluntary Shared Leave. I certify that I have read and understand these policies as they relate to Shared Leave donations.
- The minimum amount of sick leave, vacation, or bonus leave that may be donated is four hours.
- The maximum amount of sick leave that can be donated by a family member is an amount that can be given without reducing the donor's sick leave balance below 40 hours. The maximum amount of sick leave that can be donated by a nonfamily member is 5 days. The maximum amount of sick leave that can be received by an employee from multiple non-family donors is 20 days per year.
- The maximum amount of vacation that can be donated by a family or nonfamily member is an amount that does not exceed the donor's annual vacation accrual rate and does not reduce the donor's vacation balance below one-half of his or her annual vacation leave accrual rate. Bonus leave may be donated without regard to this limitation.
- The donor cannot receive payment for sick, vacation or bonus leave donated.
- Since sick leave is used to increase creditable service for members of the Teachers' and State Employees' Retirement System, I understand that donation of sick leave may have an impact on my State retirement credit when I retire.

Donor Name:		Donor's UNC Charlotte ID Number:
Donor Signature:	Date:	Department/Office:

Under the provisions of the Voluntary Shared Leave Program, I request to donate:

Family Member	Nonfamily Member
_____ Hours of Sick Leave	_____ Hours of Sick Leave
_____ Hours of Vacation	_____ Hours of Vacation
_____ Hours of Bonus Leave	_____ Hours of Bonus Leave

To be transferred from my account to the account of _____ whom I understand to be an approved recipient of shared leave.