

MOORESVILLE GRADED SCHOOL DISTRICT

VOLUNTARY SHARED LEAVE DONOR INFORMATION

Mooresville Graded School District Board Policy (7540) permits the donation of annual leave by any employee of the Mooresville Graded School District to another employee who has been approved for receipt of donated leave by the Superintendent. The policy further permits an employee to receive sick leave or annual leave from an immediate family member in any school system. In addition, effective January 1, 2011, an employee may now donate sick leave to an approved employee of the school system. However, donation of sick leave to a non-family member is limited to no more than five (5) days per year* An employee requesting shared leave cannot receive (be donated) more than 20 days of sick leave total per year. Donation of annual leave is not restricted. Leave will be administered according to the policies and procedures established by the Financial Policy and Procedures Manual of the North Carolina Department of Public Instruction.

AUTHORIZATION FOR DONATION OF LEAVE

I give authorization for the Mooresville Graded School District to deduct the number of annual and/or sick leave days indicated from my balance for donation to the individual identified below. I understand that the leave will be for the exclusive use of the recipient and that any unused donated leave will be returned to me on a pro rata basis at the expiration of this medical condition. In making this donation of sick leave and or annual leave, I understand that there may be a negative impact on my personal retirement benefit, at retirement, because of a reduced amount of sick leave used in calculating my aggregate state service. I also acknowledge my understanding that this donation of leave reduces my own safety net, if an extended absence occurs for me during my employment.

Full Name of Donor _____
State Employing Agency _____
Work Address _____
Phone Number _____
Email Address _____

MGSD Employee Name (Approved Recipient): _____

Number of Days to be Donated:

Annual Leave _____

*Sick Leave _____
(Limit to no more than 5 days for non-family members)

Signature of Donor _____
Date