



WATAUGA COUNTY BOARD OF EDUCATION

Margaret E. Gragg Education Center
175 Pioneer Trail Boone, NC 28607
(828) 264-7190

VOLUNTARY SHARED LEAVE DONATION FORM

DONOR'S INFORMATION:

Name: _____ Social Security #: _____

SCHOOL/LEA/Agency: _____ Position: _____

ARE YOU AN IMMEDIATE FAMILY MEMBER TO THE EMPLOYEE RECEIVING THIS

DONATION? *Per DPI Policy, an immediate family member is defined as spouse, children, parents, brothers, sisters, grandparents, grandchildren and dependents living in the employee's household. Also included are step, half and in-law relationships.* _____ Yes _____ No **IF YES, YOUR RELATIONSHIP:** _____

EMPLOYEE RECEIVING THIS DONATION:

NAME: _____ SCHOOL/LEA/AGENCY: _____

DONATION (may select more than one & amount of leave donated must be at least 1/2 of a day):

*ANNUAL LEAVE DAYS TO BE DONATED: _____

BONUS LEAVE DAYS TO BE DONATED: _____

**SICK LEAVE DAYS TO BE DONATED: _____

STATE RETIREMENT CREDIT CONSEQUENCES OF DONATING SICK LEAVE:

Sick leave balance provides an income safety net while employed. Sick leave also has a value at retirement. At retirement, a member of the Teacher's and State Employees' Retirement System with an earned sick leave balance receives an additional month of service credit for each 20 days, plus one additional month if there are remaining days. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

**A donor may not reduce his/her annual leave balance below 1/2 of what he/she can earn in a year.*

***Effective January 1, 2011, sick leave may be donated to an employee of a public school system (LEA). A public school employee shall not donate more than five days of sick leave per year to any one nonfamily member. Sick leave may be donated to an immediate family member in the same or another LEA, community college or state agency. A donor may not reduce his/her sick leave balance below 1/2 of what he/she can earn in a year.*

I certify the above information is correct and accurate to the best of my knowledge. I also certify I have read the guidelines listed above for donations and the State Retirement Credit Consequences of Donating Sick Leave. For additional information, contact the Benefits Specialist in Human Resource Services.

Donor's Signature

Date

Watauga County Schools, Human Resources Director

Date