

**Beaufort County Schools
Contribution of Voluntary Shared Leave**

I wish to donate Voluntary Shared Leave as outlined below:

Person donating leave: _____
Employee's Name

SSN: xxx-xx-_____ Worksite:_____ Position:_____

Donating to:_____ who works at _____

Amount of Leave Donated (hours): **Annual**_____hrs **Sick**_____hrs **Bonus**_____hrs

I understand that any unused leave will be returned to me and other leave donors on a prorated basis.

Employee/Donor's Signature **Date**

- **Donating employees may not receive compensation in any form for the donation of leave.**
- **Donating employees should note that donating leave could affect retirement benefits. When an employee retires, he/she can be paid for up to 30 day's annual leave and all bonus leave, increasing average final compensation. All annual leave over 30 days at the time of retirement/end of fiscal year transfers to sick leave. Sick leave is used to increase creditable service. One month of credit is allowed, at no cost to you, for each 20 days of unused sick leave when you retire. One more month is allowed for any part of 20 days left over, provided the remaining portion is at least one hour.**

Please submit form to: **Benefits Office, Beaufort County Schools, 321 Smaw Road, Washington, NC 27889**

For Office Use Only:

Annual Leave Balance (hours) _____
Sick Leave Balance (hours) _____
Bonus Leave Balance (hours) _____

Approved_____ Disapproved_____

Benefits Specialist Date