



Nash County Public Schools

Human Resources Department

930 Eastern Avenue, Nashville, NC

P: (252) 459-5220 F: (252) 459-6404

VOLUNTARY SHARED LEAVE DONATION FORM

PLEASE COMPLETE, SIGN AND RETURN TO
HUMAN RESOURCES DEPARTMENT
ATTN: CARIE CRAFT, BENEFITS SPECIALIST

DONOR EMPLOYEE'S NAME: _____

SOCIAL SECURITY #: _____ - _____ - _____

SCHOOL/DEPARTMENT: _____

POSITION/TITLE: _____

I wish to donate:

Annual Leave	# of day(s): _____
Bonus Annual Leave	# of day(s): _____
Sick Leave*	# of day(s): _____
(*May donate up to 5 days for a non-family member)	

These days are hereby donated to: _____
(Recipient Employee's Name)

I am aware that I may not receive compensation in any form for the donation of this leave and that acceptance of such could result in my dismissal.

Signature of Donor

Date

I acknowledge that I have read and understand the attached State Board of Education Policy regarding Donation and Receipt of Leave 4.3.4.

Signature of Donor

Date

Date Received by Human Resources: _____