

**PAMLICO COUNTY SCHOOLS
VOLUNTARY SHARED LEAVE
DONATION FORM**

Donor's Name: _____

Last 5 Digits of Social Security Number: _____

School/Department: _____

Position: _____

TYPE OF LEAVE BEING DONATED:

ANNUAL LEAVE: _____ **SICK LEAVE:** _____
Total # of days Total # of days

Recipient's Name: _____

School/Department: _____

Position: _____

Relationship to Recipient: _____

Per state policy, the district is required to notify employees, in writing, of the credit consequence of donating sick leave. The sick leave balance provides an income safety net while employed. Sick leave also has value at retirement. At retirement a member of the Teachers' and State Employees' Retirement System with an earned sick leave balance receives an additional month of service credit in TSERS for each 20 days, plus one additional month if there is a remainder. The additional service credit increases the retirement benefit of the remainder of the life of the retiree.

Signature of Donor

Date

Signature of Asst. Supt. for Human Resources

Date

This is to certify that the amount donated will not reduce his/her leave balance below one half of what he/she earns a year (July - June).

Signature of Human Resources

Date