# **University of North Carolina at Pembroke**

### **Voluntary Shared Leave Donation Form & Guide**

| Section 1: To be completed by Donor. Please print or type. Incomplete forms will not be accepted. Please form to the Office of Human Resources, Lumbee Hall suite 347 or fax to 910-521-6553.   | deliver/mail completed           |
|---|----------------------------------|
| Donor's Name: Banner ID #:  |                                  |
| Donor's Division/Section:   |                                  |
| Donor's Work Unit Contact: Unit Phone#:   |                                  |
| In accordance with the Voluntary Shared Leave Policy of the State of North Carolina, link <u>https://oshr.nc.gov/policies-forms/leave/voluntary-shared-leave</u> . I hereby authorize the t see attached Donation Guide for policy limitations):<br>Vacation Leave (4 hr minimum)   |                                  |
| Bonus Leave (4 hr minimum)  |                                  |
| Sick Family (sick leave donated to a family member; 4 hr minimum, 1040 h  | ır max)                          |
| Sick Non Family (sick leave donated to a non family member; 4 hr minimum  | m, 40 hr max)                    |
| To the account of (VSL Recipient):  |                                  |
| I understand that the donation of leave is entirely voluntary. I am aware of the State retirement consequences of donating sick leave: At retirement, a member of the Teachers and State Employ System (TSERS) with an earned sick leave balance receives an additional month of service cree twenty (20) days or portion thereof. The additional service credit increases the retirement bener remainder of the life of the retiree. | oyees Retirement<br>dit for each |
| Leave used under the VSL program may not be sold for money or exchanged for favors. If this discovered, it will be viewed as unacceptable personal conduct. The employee and supervisor wand discipline may be issued.  |                                  |
| Donor's Signature   | Date                             |
| Donor's Supervisor's Signature  | Date                             |
| Section 2: To be completed by Office of Human Resources ONLY:   |                                  |
| Donor is eligible to donate in accordance with the State of North Carolina Voluntary Shared Lo  | eave Policy.                     |
| Office of Human Resources Authorized Official Signature   | Date                             |
| Leave Returned: yesno Amount:   |                                  |

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| Who Can Donate Wha  | it Leave to whom.   |
|---|---|
| Immediate Family Member Donation in<br>any State Agency   (This INCLUDES Public Schools and   | Sick Leave<br>Vacation Leave<br>Bonus Leave                 |
| Community Colleges. This DOES NOT<br>include Local Government.)   | Donus Leave   |
| Non-Family Member Donation in any<br>State Agency<br>(This DOES NOT include Public Schools,   | Sick Leave<br>Vacation Leave<br>Bonus Leave                 |
| Community Colleges or Local<br>Government.)   |   |
| Non-Family Member Donation to a co-<br>worker's immediate family member who is<br>employed in any Public School or<br>Community College | Vacation Leave<br>Bonus Leave<br>(Cannot donate Sick Leave) |

<u>NOTE: Definition of Immediate Family:</u> Spouse, parents, children, other dependents, brothers, sisters, grandparents, grandchildren, great-grandparents, great-grandchildren, and step, half, and in-law relationships. Not included are uncles, aunts, cousins, nieces and nephews.

#### Vacation Leave - Donating Guide Minimum donation amount of 4 hrs; Donor must maintain <sup>1</sup>/<sub>2</sub> the annual earning rate in leave account **Months of Service** Years of Service/Earning Rate **Minimum Balance to Maintain** Less than 5 yrs. 0-59 months 9.33 56+ hours remaining 5 yrs. But less than 10 yrs. 60-119 months 11.33 **68+ hours remaining** 10 yrs. But less than 15 yrs. 120-179 months 13.33 80+ hours remaining 15 yrs. But less than 20 yrs. 180-239 months 15.33 92+ hours remaining 20 yrs. Or more **240+ months** 17.33 **104+ hours remaining Bonus Vacation Leave - Donating Guide** Minimum donation amount of 4 hrs; There is no minimum balance which must be maintained. Sick Leave - Donating Guide Minimum donation amount of 4 hrs; Donor must maintain a balance of 40 hrs • A non family member donor shall not donate more than 5 days of sick leave per year to any • one non family member

• The combined total of sick leave donated to a recipient from non family member donors shall not exceed 20 days