## **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 deliver/mail completed form to the Office of Human Resources, Lumbee Hall suite 347 or fax to 910-521-6553.		
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 <a href="https://oshr.nc.gov/policies-forms/leave/voluntary-shared-leave">https://oshr.nc.gov/policies-forms/leave/voluntary-shared-leave</a> . I hereby authorize the trans see attached Donation Guide for policy limitations): Vacation Leave (4 hr minimum)	sfer of (Please	
Bonus Leave (4 hr minimum)		
Sick Family (sick leave donated to a family member; 4 hr minimum, 1040 hr ma	ax)	
Sick Non Family (sick leave donated to a non family member; 4 hr minimum, 4	0 hr max)	
To the account of (VSL Recipient):		
Donor's relationship to VSL Recipient:		
I understand that the donation of leave is entirely voluntary. I am aware of the State retirement creat consequences of donating sick leave: At retirement, a member of the Teachers and State Employee System (TSERS) with an earned sick leave balance receives an additional month of service credit for twenty (20) days or portion thereof. The additional service credit increases the retirement benefit for remainder of the life of the retiree.	es Retirement For each	
Leave used under the VSL program may not be sold for money or exchanged for favors. If this activity is discovered, it will be viewed as unacceptable personal conduct. The employee and supervisor will be notified and 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 Leave	Policy.	
Office of Human Resources Authorized Official Signature	Date	
Leave Returned: yes no Amount:		
VSL Donation Form Form structure last revised June 2016		

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Who Can Donate Wha	t Leave to Whom?
Immediate Family Member Donation in any State Agency(This INCLUDES Public Schools and Community Colleges. This DOES NOT include Local Government.)	Sick Leave Vacation Leave Bonus Leave
Non-Family Member Donation in any State Agency (This DOES NOT include Public Schools, Community Colleges or Local Government.)	Sick Leave Vacation Leave Bonus Leave
Non-Family Member Donation to a co- worker's immediate family member who is employed in any Public School or Community College	Vacation Leave Bonus Leave (Cannot donate Sick Leave)
NOTE: Definition of Immediate Family: Spouse brothers, sisters, grandparents, grandchildren, gr step, half, and in-law relationships. Not included nephews.	eat-grandparents, great-grandchildren, and

Vacation Leave - Donating Guide			
Minimum donati	on amount of 4 hrs; Donor must main	tain ½ 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	
<b>Bonus Vacation Leave - Donating Guide</b>			
Minimum donation amount of 4 hrs; There is no minimum balance which must be maintained.			
	Sick Leave - Donating	Guide	
Minimum do	nation amount of 4 hrs; Donor must n	naintain a balance of 40 hrs	
	member donor shall not donate more	than 5 days of sick leave per year to any	
• The combine	d total of sick leave donated to a recip	ient from non family member donors	

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