

SECTION A: Recipient Information

Recipient's Name _____

SECTION B: Donor Information

Cooperative Extension Employee: ☐ Yes ☐ No

Donor Name _____ Donor Agency/Department _____

- The minimum amount of leave to be donated is four hours.
- An immediate family member donor may donate vacation, bonus, or sick leave to another family member.
- The maximum amount of vacation leave that may be donated may not be more than the amount of the donor's annual accrual rate, and may not reduce the donor's vacation leave balance below one-half of the annual vacation leave accrual rate.
- Vacation leave includes either annual leave or personal leave.
- Bonus leave may be donated without regard to the above limitations on vacation.
- A non-family member may donate sick leave to shared leave recipients.
 - The donor shall not donate more than five days of sick leave per year to any one non-family member.
 - The combined yearly total of sick leave donated to a recipient from non-family member donors may not exceed twenty days.
 - Donated sick leave shall not be used for retirement purposes.
- I understand that at retirement a member of the TSERS with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

I request the following hours of leave: be transferred from my account to the account of the recipient:

Vacation Leave _____ Bonus Leave _____ Sick Leave, non-family member _____

Sick Leave, family member _____ Relationship to the Recipient _____

I further understand that donating sick leave may have an impact on my State retirement credit as indicated above.

Donor Signature _____ Date _____

SECTION C: Agency/Departmental Leave Coordinator

Department Contact _____ Campus Box No. _____

Phone Number _____ Fax Number _____ Email _____

I certify that the employee donating his or her leave to the above mentioned recipient has the accrued leave available to donate, and has complied with the rules listed above.

Signature _____ Date _____

If the employee is donating to multiple recipients, one form must be completed for each recipient.

Submit completed form to the Leave Administration Unit

Mailing Address:
Campus Box 7215
Raleigh, NC 27695

Fax Number: (919) 513-2528

Physical Address:
Administrative Services - Bldg II
2711 Sullivan Dr., Suite 200

Print Form