

Sandhills Community College

Voluntary Shared Leave Form

Shared Sick and/or Vacation Leave

I would like to donate the following sick leave and/or vacation hours for my

Colleague or family member, _____ located at
(Name of Colleague/Family Member receiving leave)

(if applicable, work location of family member)

Please list the hours (in the appropriate spaces below) that you would like to donate to your colleague or *family member named above. **Please keep in mind that when donating sick leave, you must keep a balance of at least 40 hours in your account. When donating vacation leave, you must keep one-half of your yearly accrual in your account. Also, any unused shared leave will be returned to donor's account.**

***When donating shared leave, the policy (N.C. GS 115D-25.3) allows any employee of a community college to share leave voluntarily with an immediate family member who is employed at a community college, public school, or State agency. An immediate family member is defined as "spouse, parent, child, brother, sister, grandparent, or grandchild. The term includes the step, half, and in-law relationships."**

Total Hours of Leave You are Donating

Sick Leave _____

Vacation Leave _____

Your Printed Name: _____

Your Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Total Hours Donated: _____

Total sick leave hours recorded: _____ Total vacation leave hours recorded: _____

Sick leave hours used by employee: _____ Vacation hours used by employee: _____

Shared leave hours donated to family member: _____

Shared leave used by employee: _____