



Voluntary Shared Leave Agreement to Donate Leave

By this agreement, I authorize Rowan-Salisbury Schools to reduce my Sick and/or Annual Leave balance(s) to donate same to employee named below. I understand that at the expiration of the medical condition that initiated this Shared Leave Agreement, any annual leave balance in excess of 40 hours will be returned on a pro-rata basis to the donor(s). I further understand that I may not receive compensation in any form for the donation of leave and that acceptance of same will result in my dismissal.

Name of Donor _____
(as it appears on Social Security Card)

Last 6 digits of SS# _____ Position _____

School/Work Site _____

Leave to be donated: _____ Hours of Sick Leave _____ Hours of Annual Leave

Signature _____ Date _____

Employee to whom donated: _____

Last 6 digits of SS# _____ Position _____ Site _____

Relationship of this employee to donor (if applicable): _____

~ **Sick Leave** may be donated to any approved public school system employee. Employees shall not be allowed to donate more than 5 days of sick leave per year to any one nonfamily member. (Spouse, children, parents, brothers, sisters, grandparents, grandchildren, dependents living in the employees' household, including step, half and in-law relationships.)

~ Any eligible employee in the school system may donate **Annual Vacation Leave** to any approved employee.

Please fax completed form to:
Human Resources
Rowan-Salisbury Schools
(704) 639-3179

(For Human Resources Use Only)

Approved by: _____
Superintendent/Designee

_____ Date

Copies to:

___ Donor
___ Payroll
___ Personnel File
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