

**WARREN COUNTY SCHOOL DISTRICT  
Voluntary Shared Leave Donor Information**

Warren County School District Board Policy (7540) permits the donation of annual leave by any employee of the Warren County School District to another employee who has been approved for receipt of donated leave by the Superintendent. The policy further permits an employee to receive sick leave or annual leave from an immediate family member in any school system. In addition, effective January 1, 2011, an employee may donate sick leave to an approved employee of the school system. The donation of sick leave to a non-family member is limited to no more than five (5) days per year. If sick leave is donated to more than one (1) non-family member, the total amount of sick leave may not exceed twenty (20) days per year. Leave will be administered according to the policies and procedures established by the Financial Policy and Procedures Manual of the North Carolina Department of Public Instruction.

**AUTHORIZATION FOR DONATION OF LEAVE**

I authorize the Warren County School District to deduct from my balance the number of annual and/or sick leave days indicated to be donated to the individual identified below. I understand that the leave will be for the exclusive use of the recipient, and that any unused donated leave will be returned to me on a pro rata basis at the expiration of the recipient's leave (i.e., return to work or separation). By donating sick leave and or annual leave, I understand that there may be a negative impact on my personal benefit at retirement, because of a reduced amount of sick leave used in calculating my aggregate state service. I also understand that this donation of leave reduces my own available balance, which may be problematic if I personally experience an extended absence during my employment.

Name of donor: \_\_\_\_\_

Name of approved recipient: \_\_\_\_\_

Number of days to be donated:

Annual Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

(Limit of no more than 5 days for non-family members)

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date