



Voluntary Shared Leave Form

Shared Sick and/or Vacation Leave

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

‘ Colleague at Sandhills Community College.

‘ My 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,

***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**

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: _____