



Recipient's Name:

Recipient's Work Location:

DONOR'S INFORMATION

Name:	Employee Number:
Home Address:	
City/State/Zip:	
School/Department:	
Position:	Relationship to Recipient:

DONOR'S LEAVE ACCOUNT INFORMATION

Leave Accounts	Annual Leave	Sick Leave
Amount Available		
Amount Donated		
Balance After Donation	00.00	00.00

(Balance will calculate automatically when the form is printed. If it doesn't see directions above)

From your check stub, please indicate the pay period for your Leave Account Balance:

A donor's annual or sick leave balance may not fall below one-half of the yearly earning rate. A non-family member within WCPSS shall not contribute more than five sick days annually. An immediate family member, as defined by Board Policy 3800/4800 §4.3.4, who is an employee of any North Carolina public school system may donate sick and/or vacation leave.

I understand that participation in this program is on a voluntary basis, and I cannot receive compensation in any form for the donation of leave. I further understand that any employee found guilty of giving or receiving compensation may be subject to dismissal as outlined in N.C.G.S. §155C-325.

Donor's Signature

Date

Please complete if donation is coming from outside WCPSS.
Donor's LEA/Agency:
Voluntary Shared Leave Contact:
Voluntary Shared Leave Contact Phone/E-mail Address:

Submit completed form to: **Wake County Public School System
Human Resources Office, Crossroads I
5625 Dillard Drive, Suite 1200
Cary, NC 27518**