



## Shared Leave Donation Form

Please submit to the Benefits Office, 225 King Building

Please review Personnel Information Memoranda 29 for information regarding the Shared Leave program. This can be found online at [www.uncc.edu/humanresources/policies/pims.htm](http://www.uncc.edu/humanresources/policies/pims.htm).

I understand:

- A non-family member donor may donate only vacation/annual leave.
- A family member who is a state employee may donate vacation/annual leave to another immediate family member in any agency or university. Immediate family is defined as spouse, parents, children, brothers, sisters, grandparents, and grandchildren, including the step, half, and in-law relationships.
- A family member who is a state employee may transfer sick leave to an immediate family member in any agency or university. Immediate family member is a spouse, parent, child (including step relationships), or other dependent living in the household.
- An employee family member donating sick leave to a qualified family member may not reduce his or her sick leave balance below 40 hours.
- The minimum amount of leave to be donated is four hours.
- The maximum amount of vacation/annual leave to be donated by an individual is no more than the amount of the individual's annual accrual rate. However, the donor's leave balance may not be reduced below one-half the annual accrual rate.
- I cannot receive remuneration for vacation/annual leave donated.

Donor Name:	UNC Charlotte ID Number:
Department/Office:	Date:

Under the provisions of the Voluntary Shared Leave Program, I request:

\_\_\_\_\_ hours of vacation/annual leave

\_\_\_\_\_ hours of bonus leave

\_\_\_\_\_ hours of sick leave (*family members only*)

be transferred from my account to the account of \_\_\_\_\_ whom I understand to be an approved recipient of shared leave. *Donee*

Signature of Donor:	
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