

JCPS VOLUNTARY SHARED LEAVE

DONOR'S REQUEST TO PARTICIPATE

Donor's Name: _____

SSN (Last 4) _____ Employee ID: _____ Phone: _____

School/Department: _____ Position: _____

I authorize Johnston County Public Schools to approve my request to donate leave as indicated below

to: _____, who is an employee of _____

(Name of Employee)

(Name of LEA, Community College or State Agency)

I wish to donate _____ SICK LEAVE DAYS.

Is the person to whom you wish to donate sick leave an immediate family member? Circle one: NO YES

If no, you may donate no more than 5 days of sick leave per year to the individual named above. The maximum number of sick leave days you may donate is 20 days per year. You may donate sick leave to an employee of another LEA but may not donate sick leave to an employee of a community college or a state agency.

If yes, specify the relationship: _____. You may donate any number of days. You may donate sick leave to an immediate family member or another LEA, community college, or state agency.

If the person receiving donated leave is an employee of another LEA, community college, or state agency, please provide a copy of that agency's approval.

NOTICE: You may not reduce your sick leave balance below one-half of what you can earn in a year (5 days if a 10-month employee, 6 days if a 12-month employee).

I wish to donate _____ ANNUAL LEAVE DAYS. I wish to donate _____ BONUS LEAVE DAYS.

If the person receiving donated leave is an employee of another LEA, community college, or state agency, please provide a copy of that agency's approval.

NOTICE: You may not reduce your annual leave balance below one-half of what you can earn in a year.

RETIREMENT DISCLOSURE

At the time you retire, you will be granted one additional month of service for every 20 days of sick leave you have credited to your account as of the last day of your employment. Additionally, any annual leave in excess of 30 days will be converted to sick leave at the time of your retirement, thus increasing the number of sick leave days available to credit to your retirement service. Any extra months of service accrued will increase your retirement benefit for life. Donating sick leave or annual leave may reduce the balance of extra service at the time of retirement, thereby reducing your retirement benefit. By signing below, you are acknowledging that you are aware that your retirement may be affected by donating leave.

Signature of Donor

Date

Superintendent or Designee Signature

Date