

**CHARLOTTE-MECKLENBURG SCHOOLS
VOLUNTARY SHARED LEAVE PROGRAM**

Authorization to Donate Leave time

Please indicate below to whom you wish to donate leave and the type and amount of leave you wish to donate. Failure to complete in entirety will delay processing.

Please Print:

Your Name (Donor) _____ Employee Number: _____

School/Department: _____ Relationship to recipient: _____

Recipients Name: _____

***Sick leave** may be donated to a fellow employee of CMS. You may not donate more than FIVE days of sick leave per year to any one non-family member. Sick leave may be donated to an immediate family member so long as the donor does not reduce his/her earned sick leave balance below one-half of the amount the donor can earn in one year. **The combined total of sick leave donated to a recipient from non-family members shall not exceed 20 days per year.**

***Annual leave** may be donated by any eligible employee of CMS to any approved employee. The donor may not reduce his/her earned annual leave balance below one-half of the amount the donor can earn in one year.

Number of days to be donated:

Sick Leave _____ **Annual leave** _____

Important Please Note:

At Retirement a member of the Teachers and State Employees Retirement System with an earned sick leave balance receives an additional month of service credit in TSERS for each 20 days, plus one additional month if there is a remainder. The additional service credit increases the retirement benefits for the remainder of the life of the retiree.

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 also understand that any employee found guilty of giving or receiving compensation may be subject to dismissal as outlined in G.S. 115C-325.

Signature of Donating Employee: _____ Date: _____

*Submit to:
CMS Benefits
Fax: 980-343-3996
Courier: 846*

Benefits Office Only:

Date processed _____ LP70 Donor _____ LP70 Recipient _____