



University of North Carolina Wilmington

Authorization to Donate Shared Leave

RECIPIENT INFORMATION

Name: _____

DONOR INFORMATION

Name: _____

Banner ID#: _____

- The minimum amount of leave to be donated is four (4) hours
- The maximum amount of vacation leave that may be donated may not be more than the amount of the donor’s annual accrual rate, and **may not reduce the donor’s vacation leave balance below one-half of the annual vacation leave accrual rate**
- Bonus leave may be donated without regard to the above limitations on vacation
- The donor may not donate more than five days of sick leave per year to any one non-family member (**40 hours**)
- Donor’s sick leave balance may not be reduced below **40 hours**
- The combined yearly total of sick leave donated to a recipient per non-family member donor may not exceed twenty days
- Donated sick leave shall not be used for retirement purposes
- I understand that, at retirement, a member of TSERS with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

I request the following hours of leave be transferred from my account to the account of the recipient:

Vacation Leave _____ Bonus Leave _____ Sick Leave, non-family member _____
 (4hr min) (4 hr min) (4 hr minimum, 40 hr maximum)

Sick Leave, family member _____ Relationship to the Recipient _____ (family members only)
 (4 hr minimum, 1040 hr maximum)

I further understand that donating sick leave may have an impact on my State retirement credit as indicated above.

Donor Signature: _____ Date _____

Department: _____ Division _____

If the employee is donating to multiple recipients, one form must be completed for each recipient. Please return to this form to the Human Resources Benefits Office, Campus Box # 5627 or fax it to 962-2911. You may also email it to Kelly Kennedy (kennedyk@uncw.edu) or Diana Waser (waserd@uncw.edu).

BENEFITS COUNSELOR

I certify that the employee donating his or her leave to the above mentioned recipient has the accrued leave available to donate, and has complied with the rules listed above.

Signature _____

Date _____