

# Swain County Public Schools

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Superintendent

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## VOLUNTARY SHARED LEAVE DONATION FORM

### DONOR'S INFORMATION:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

School/LEA/Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**ARE YOU AN IMMEDIATE FAMILY MEMBER TO THE EMPLOYEE RECEIVING THIS DONATION?** *Per DPI Policy, an immediate family member is defined as a spouse, children, parents, brothers, sisters, grandparents, grandchildren, and dependents living in the employee's household. Also included are step, half, and in-law relationships.*

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, YOUR RELATIONSHIP: \_\_\_\_\_

### EMPLOYEE RECEIVING THIS DONATION:

NAME: \_\_\_\_\_ SCHOOL/LEA/AGENCY: \_\_\_\_\_

**DONATION** (*may select more than one & amount of leave donated must be at least 1/2 day*):

**ANNUAL \*LEAVE DAYS TO BE DONATED:** \_\_\_\_\_

**BONUS LEAVE DAYS TO BE DONATED:** \_\_\_\_\_

**SICK LEAVE\*\*DAYS TO BE DONATED:** \_\_\_\_\_

### STATE RETIREMENT CREDIT CONSEQUENCES OF DONATING SICK LEAVE:

Sick leave balance provides an income safety net while employed. Sick leave also has a value at retirement. 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 for each 20 days, plus one additional month if there is a remainder. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

\* A donor may not reduce his/her annual leave balance below 1/2 of what he/she earns in a year.

\*\* Effective January 1, 2011, sick leave may be donated to an employee of a public school system (LEA). A public school employee shall not donate more than five days of sick leave per year to any one nonfamily member. Sick leave may be donated to an immediate family member in the same or another LEA, Community College or State Agency. A donor may not reduce his/her sick leave balance below 1/2 of what he/she earns in a year.

*I certify the above information is correct and accurate to the best of my knowledge. I also certify I have read the guidelines listed above for donations and the State Retirement Credit consequences of Donating Sick Leave. For additional information contact the Benefits Coordinator in the Finance Department.*

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Representative Signature

\_\_\_\_\_  
Date

**Every student will graduate from Swain County Schools ready for college and/or career."**