

DONATION OF VOLUNTARY SHARED LEAVE

I hereby request permission to participate in the Voluntary Shared Leave Program by donating or transferring leave as follows:

Transferring Leave From

|  |  |  |
| --- | --- | --- |
| Employer |  |       |
| Employee |  |       |
| Datatel Person ID# (7 Digits) |  |       |
| Amount of Leave Transferring |  |       |
| (Minimum 4 hours) |  |       | Hours Annual Leave |
|  |  |       | \*Hours Sick Leave |
|  |  |  |  |

**\*Note:** A community college employee who donates sick leave to a community college employee who is a non-family member shall not donate more than 40 hours (5 days) of sick leave per year to any one non-family community college employee.

Transferring Leave To

|  |  |  |
| --- | --- | --- |
| Employer |  |       |
| Employee |  |       |
| Datatel Person ID# (7 Digits) |  |       |
| ***Consequences of donating sick leave*:** *As a member of the Teachers and State Employee’s Retirement System, an earned sick leave balance adds an additional month of service credit for each 20 days or a portion thereof. The additional service credit increases the retirement benefit for the remainder of the employee’s life.* *My signature indicates my understanding of the effects of donating sick leave.*I authorize the transfer of the above leave to the recipient’s donated leave bank.  |
|  |  |  |
| Signature of Employee Transferring Leave |  | Date |
|  |  |  |
| Committee Chairperson |  | Date |
|  |  |  |
| President |  | Date |