

411 North Front Street • Wilmington, North Carolina 28401-3910
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SHARED LEAVE AUTHORIZATION FORM

Recipient Information:

Name: _____ Employee #: _____ Department: _____

Date Leave began: _____ Estimated date of return: _____

Leave balances as of the following date: _____ (See TimeClock Plus):

COMP: _____ ANNUAL: _____ SICK: _____ BONUS: _____

Date all Leave will be exhausted: _____ Estimated balance needed: _____

Donor Information:

Name: _____ Employee #: _____ Department: _____

Relationship to Recipient: _____

In accordance with the Voluntary Shared Leave Policy in the State Board of Community Colleges Code and in the Faculty & Staff Handbook Section 5.9.10, I authorize the transfer of:

_____ hours of Vacation leave (4 hour minimum)

_____ hours of Bonus leave (4 hour minimum)

_____ hours of Sick leave* (4 hour minimum, 5 days maximum for non-family members, 1,040 hour maximum for family members)

*Sick Leave: When donating sick leave, the donor's signature below acknowledges that donor is aware of the State retirement credit consequences. At retirement, a member of TSERS with an unused 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.

Total desired donation balance: _____ Amount left after donation: _____

WE WOULD LIKE TO REQUEST LEAVE TO BE DONATED FROM THE RECORDS OF THE DONOR TO THE RECORDS OF THE RECIPIENT, AS LISTED ABOVE:

SIGNATURE – DONOR

SIGNATURE – RECIPIENT

AUTHORIZATION FOR LEAVE TO BE DONATED AS STATED ABOVE:

EXECUTIVE DIRECTOR, HR

SUPERVISOR

PRESIDENT

DATE