Dr. Rob Jackson Superintendent

Richard L. Paylor Blair E. Propst Assistant Superintendents

Please print all information.

Recipient's Name:

A Beacon for Learning and Leading

107 SAFRIT DRIVE, BEAUFORT, NC 28516 252-728-4583 / 252-728-3028 FAX

www.carteretcountyschools.org

Board of Education John McLean, Jr., Chair Clark Jenkins, Vice Chair

Kathryn Smith Chadwick Travis Day Melissa A. Ehlers Jake Godwin, Jr. Brittany Wheatly

## Voluntary Shared Leave Donation Donor Information Form

\_School:\_

Donor's Name:		Donor's last 4 digits SS#	
School/Department		Position	
Relationship to Recipient:			<del></del>
Any eligible employee in the LEA may donate annual or members may donate annual vacation leave or sick le public school employee shall not donate more than fi leave donated to a recipient from nonfamily member.	eave to an immediate fa ive (5) days of sick leave	amily member in another LEA, co e per year to any one nonfamily n	mmunity, college or state agency. A
This program cannot be applied to county agencies of	f mental health, public	health, social services or emerge	ncy management.
The minimum amount of leave that may be donated i employee may not donate more annual vacation leav donor's annual vacation leave balance below one-half or her sick leave below one-half of what that person o	e than he or she can ea f of what that person c	arn in one year. Additionally, the	amount donated much not reduce the
Pursuant to the Public Schools of NC 2010-2011 Benerof the State retirement credit consequences of donational Sick leave also has value at retirement. At retirement leave balance receives an additional month of service additional service credit increases the retirement ben DONATING LEAVE ACCOUNT INFORMATION	ing sick leave. That is, t a member of the Teac credit in TSERS for eac	the sick leave balance provides ar thers' and State Employees' Retire th 20 days, plus one additional mo	n income safety net while employed. ement System with an earned sick
	Siek	Panus Laava	
Amount of Leave to be Donated: Vacation:  I understand that the donation of any leave is er exchanged for favors. If this activity is discovere	ntirely voluntary. Lea	ave used under this program n	may not be sold for money or
l authorize the VSL Representative to release thi	s information to the	recipient upon request. Yes _	No
Donor's Signature		Date	_
Superintendent or Designee's Signature		Date	_
	MISSI	O.N	

We will inspire, educate, and empower students for life through relationships, knowledge, and opportunity.