

WAKE COUNTY PUBLIC SCHOOL SYSTEM VOLUNTARY SHARED LEAVE – DONOR INFORMATION FORM

Recipient's Name:		
Recipient's Work Location:		
DONOR'S INFORMATION		
Name:		Employee Number:
Home Address:		
City/State/Zip:		
School/Department:		
Position:	Relationship to Recipient:	
DONOR'S L	EAVE ACCOUNT INF	ORMATION
Leave Accounts	Annual Leave	Sick Leave
Amount Available		
Amount Donated		
Balance After Donation	0.00 ically when the form is printed. I	0.00
From your check stub, please indi- A donor's annual or sick leave balance member within WCPSS shall not co member, as defined by Board Policy school system may donate sick and/or I understand that participation in this p form for the donation of leave. I fur compensation may be subject to dismissa	e may not fall below one-half of ontribute more than five sick of 3800/4800 §4.3.4, who is an envacation leave. Togram is on a voluntary basis, another understand that any employ	the yearly earning rate. A non-family ays annually. An immediate family aployee of any North Carolina published I cannot receive compensation in an are found guilty of giving or receiving
Donor's Signature		Date
Please complete	if donation is coming from	outside WCPSS.
Donor's LEA/Agency:		
Voluntary Shared Leave Con	ntact:	
Voluntary Shared Leave Con	ntact Phone/E-mail Address	:
<u> </u>	ke County Public School Sy nan Resources Office, Cros	

5625 Dillard Drive, Suite 1200

Cary, NC 27518

Revised March 2015