WINSTON-SALEM/FORSYTH COUNTY SCHOOLS

Voluntary Shared Leave Program

Donor Information Form (Please print or type information)

Recipient's I	Name:	,, ,	Payroll ID or last 4 ofSSN:	
Recipient's F	Employer:			
recipient 5 :	(List school district a	and school or work lo	ocation)	
Donor's Name:		I	ID or last 4 of SSN	
School/Divis	sion:			
Position of D	Donor:	Relationship to Recipient:		
# of days do	onated: Annual Leave	Sick Leave*	Bonus Leave	
accrual. Effections so the section of the section or more nore member, as of any North Certification Resources but the section of the section	ective 01/01/2011, a non- em may contribute annual lead in receive a maximum total of a family members within a 1 for defined by the NCPS Benefit in Carolina public school system of Health Care Provider form before voluntary shared leave who donate sick leave should income safety net while empart a member of the Teachers' ick leave balance receives an ditional month if there is a reference retirement benefit for the reservant and the same and	family member where very bonus leave or 20 sick leave days fiscal year period. It is Manual (Section Company donate sick of from the recipient is approved. The additional month company additional month of the mainder. The additive of the company of the sick leave at the sick leave	o is an employee of a public up to 5 sick leave days. A from any combination of 1 An immediate family 01.1.9) who is an employee k, bonus or annual leave. A must be on file in Human e sick leave balance also has value at retirement. Lees' Retirement System with of service credit in TSERS, tional service credit	
Donor's Signature:			Date:	
Submit to:	Winston-Salem/Forsyth Count Human Resources PO Box 2513 Winston-Salem, NC 27102	cy Schools		
	your completed forms to the att recipient's assignment:	ention of the approp	riate contact shown below,	
Attention:	Brenda Bourne, School Suppo Pam Hensdale, Operations			