

CALDWELL COUNTY SCHOOLS VOLUNTARY SHARED LEAVE DONATION FORM

DONOR'S INFORMATION:	
	EMPLOYEE ID#:
SCHOOL/DEPARTMENT:	Position:
Policy, an immediate family member is a grandchildren, and dependents living in	defined as a spouse, children, parents, brothers, sisters, grandparents, a the employee's household. Also included are step, half, and in-law YES, YOUR RELATIONSHIP:
EMPLOYEE RECEIVING THIS D	OONATION:
	SCHOOL/DEPARTMENT:
DONATION (may select more tha	n one & amount of leave donated must be at least ½ of a day):
	LEAVE DAYS TO BE DONATED:
BONUS LEA	VE DAYS TO BE DONATED:
SICK LEAVE	** DAYS TO BE DONATED:
	res an additional month of service credit for each 20 days, plus one nainder. The additional service credit increases the retirement fe of the retiree.
**Effective January 1, 2011, sick lea public school employee shall not dor member. Sick leave may be donat	nual leave balance below 1/2 of what he/she can earn in a year. we may be donated to an employee of a public school system (LEA). A nate more than five days of sick leave per year to any one nonfamily ed to an immediate family member in the same or another LEA, A donor may not reduce his/her sick leave balance below 1/2 of what
read the guidelines listed above fo	rrect and accurate to the best of my knowledge. I also certify I have or donations and the State Retirement Credit Consequences of all information contact the Benefits Coordinator in Human Resource
(Donor' Signature)	(Date)

Revised: January 2, 2012