



245 College Road • PO Box 2350 • Smithfield, North Carolina 27577 • (919) 934-3051 • johnstoncc.edu

VOLUNTARY COVID-19 SHARED LEAVE BANK DONATION

Donor Information:

Name: _____

Employee ID #: _____

Department: _____

In accordance with JCC's Voluntary COVID-19 Shared Leave Policy, I hereby authorize the following amount of leave to be transferred to the COVID-19 Shared Leave Bank.

_____ hours of vacation leave

_____ hours of bonus leave

_____ hours of sick leave

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

Donor Signature: _____ **Date:** _____

For Donor College Staff Use Only

Amount of leave accepted: _____

Amount of leave returned to donor: _____

College Approver Signature: _____ Date _____

College Approver Name: _____

JCC VSLD