SHARED LEAVE BULLETIN
POST IMMEDIATELY
Shared Leave Request Number 2-2025

May 8, 2025

In accordance with the Union County Shared Leave Policy, the following request has been made to participate. This request was reviewed by the Shared Leave Committee and approved.

General Statement of Need:

A full-time employee of Union County with four (4) years of creditable service has exhausted all accumulated vacation/sick leave and requested authorization to receive Shared Leave. The employee's situation meets the eligibility criteria outlined in the Shared Leave Policy.

77 hours of leave are requested.

DONATING SICK AND VACATION LEAVE

Instructions:

Sick Leave:

After donating sick leave (not-to-exceed 40 hours) to another employee you must have a minimum balance of 80 hours remaining in your sick leave balance.

Vacation:

No minimum balance is required to donate.

Once donated, (not-to-exceed 40 hours) shared leave is deducted from the leave balance of the donor. The donor will not receive compensation for leave donations.

Floating Holiday:

No minimum balance is required to donate.

Any employee may voluntarily donate their floating holiday to the sick leave account of another employee who has been approved for Shared Leave.

Procedure:

Complete the Donation of Annual Leave form located on page two of this notice and return it to Human Resources.

UNIONCOUNTY
north carolina

DONATION OF SHARED LEAVE

FOR

REQUEST NUMBER 2-2025

May 8, 2025

DONOR'S NAME _____

DONOR'S EMPLOYEE NUMBER _____

SERVICE AREA/DIVISION_____

POSITION _____

I authorize the deduction of _____ **SICK LEAVE** hours from my balance for donation to employee request number 2-2025.

I authorize the deduction of _____ **VACATION** hours from my balance for donation to employee request number 2-2025.

I authorize the deduction of _____ **FLOATING HOLIDAY** hours from my balance for donation to employee request number 2-2025.

SIGNATURE _____ **DATE** _____