

Allegheny County Schools

VOLUNTARY SHARED LEAVE DONATION

Policy Code: **7540-2**

I would like to donate leave to _____.
I understand that these days will be deducted from my leave balance.

_____	_____
Date	Employee Signature

	Position

I would like to donate _____ days of annual leave
_____ days of sick leave*

*** A non-immediate family member may only donate up to 5 days of sick leave.**

By signing below, I authorize my name to be given to the recipient of this leave.

_____ Approved

_____ Disapproved

Superintendent or Designee

Date

******Advisory notice: Donation of sick leave could affect your retirement. At retirement members of the TSERS receive an additional month of service for every 20 sick leave days in their balance. The additional service increases the retirement benefit for the remainder of the retiree's life.**