

# Voluntary Shared Leave Reporting (Donated and Used) 2022

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Start of Block: Default Question Block

Q1

This survey is in response to SECTION 3.7. G.S. 126-8.3(c):

The State Board of Education shall report to the North Carolina Office of Human Resources the total number of days or hours of vacation leave and sick leave donated and used by voluntary shared leave recipients and the total cost of the vacation leave and sick leave donated and used. This report provides the details on the amount and cost of leave donated, and the amount and cost of leave used as part of the Voluntary Shared Leave program in each local education agency.

Your financial vendor implemented procedures to produce a report to assist you in completing this survey. If you need instructions on how to create the report, please contact your vendor.

Please respond to the following questions by September 9, 2022 in order for DPI to comply with General Statute 126-8.3(c). If you have any questions, please contact Amanda Cruz at 984-236-2448 or [amanda.cruz@dpi.nc.gov](mailto:amanda.cruz@dpi.nc.gov).

Question with Required Response is indicated by \*

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Page Break

Q2

For LEAs only: Select your LEA Number and Name.\*

(Excludes Independent Public School Operations: Charter Schools, Lab Schools, Regional Schools and the Innovative School District.)

▼ 010 - Alamance-Burlington Schools (1) ... 995 - Yancey County Schools (115)

Q3 Enter in the following information for **sick leave** donated by employees of your LEA.\*  
(Enter only whole numbers. No symbols, decimals, or text)

☐ Total Number of Hours of Sick Leave Donated (1)

\_\_\_\_\_

☐ Total Cost of Sick Leave Donated (2)

\_\_\_\_\_

Q4

Enter in the following information for **annual leave** donated by employees of your LEA.\*  
(Enter only whole numbers. No symbols, decimals, or text)

☐ Total Number of Hours of Annual Leave Donated (1)

\_\_\_\_\_

☐ Total Cost of Annual Leave Donated (2)

\_\_\_\_\_

Q5 Enter in the following information for **voluntary shared leave** used by employees of your LEA.\*

(Enter only whole numbers. No symbols, decimals, or text)

☐ Total Number of Hours of Voluntary Shared Leave Used (1)

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☐ Total Cost of Voluntary Shared Leave Used (2)

\_\_\_\_\_

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Q6 Please provide contact information of the individual certifying this survey.\*

☐ First Name (1) \_\_\_\_\_

☐ Last Name (2) \_\_\_\_\_

☐ Title (3) \_\_\_\_\_

☐ Work Email Address (4) \_\_\_\_\_

☐ Work Phone Number (5) \_\_\_\_\_

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