

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 17, 2021 in order for DPI to comply with General Statute 126-8.3(c). If you have any questions, please contact Angela Harrison at 984-236-2449 or angela.harrison@dpi.nc.gov.

Question with Required Response is indicated by \*

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.)
Enter in the following information for <b>sick leave</b> donated by employees of your LEA.*
(Enter only whole numbers. No symbols, decimals, or text)
Total Number of Hours of Sick Leave Donated
Total Cost of Sick Leave Donated
Total cost of sick Ecave Bollatea

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

Fotal Cost of Annual Leave Donated
Total Cost of Allindar Ecave Donated
Enter in the following information for <b>voluntary shared leave</b> ised by employees of your LEA.* Enter only whole numbers. No symbols, decimals, or text)
Total Number of Hours of Voluntary Shared Leave Used
Total Cost of Voluntary Shared Leave Used

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

First Name

Last Name
Title
Work Email Address
Work Phone Number

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