

Default Question Block



North Carolina Department of
PUBLIC INSTRUCTION

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 for the 2025-26 fiscal year. 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 8, 2026** in order for DPI to comply with General Statute 126-8.3(c). If you have any questions, please contact David.Cauthorn@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, and Regional Schools)

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

Total Cost of Sick Leave Donated

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

Total Cost of Annual Leave Donated

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

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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