

**SCOTLAND COUNTY BOARD OF EDUCATION  
VOLUNTARY SHARED LEAVE  
Donation of Sick Leave**

**Office of the Superintendent  
322 South Main Street  
Laurinburg, NC 28352  
910-276-1138 Fax 910-277-4310**

To: Personnel Office

From: \_\_\_\_\_

RE: Donation of Sick Leave

Please donate \_\_\_\_\_ day(s) from my sick leave account to:

\_\_\_\_\_ (Individual's Name)

\_\_\_\_\_ (LEA)

\_\_\_\_\_ (Address)

I understand donating sick leave would affect not only my sick leave balance, which provides an income safety net while employed, but also the value at retirement. At retirement a member of the Teachers' and State Employees' Retirement System with an earned sick leave balance receives an additional month of service credit in TSERS for each 20 days, plus one additional month if there is a remainder.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
ID #

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(For Personnel Office Use Only)

To: \_\_\_\_\_

From: Personnel Office

Re: Voluntary Shared Leave (VSL)

Thank you for your support of the VSL Program. This is to confirm your donation of \_\_\_\_\_ day(s) of sick leave to \_\_\_\_\_. The deduction from your sick leave balance will be reflected on your monthly pay voucher.