

TO: PERSONNEL OFFICE

FROM:

SUBJECT: DONATION OF TIME TO VSL PROGRAM

____ Please donate ____ day (s) from my sick leave account to
Effective January 1, 2011: A public school employee shall not donate more than five days of sick leave per year to any one nonfamily member.

____ Please donate ____ day (s) from my annual leave account to

(Individual's Name)

Signature / Date

Social Security Number

****Donated sick leave shall not be used for retirement purposes. Employees who donate sick leave shall be notified in writing of the State Retirement credit consequences of donating sick leave:**

That is, the sick leave balance provides an income safety net while employed. Sick leave also has 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. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

(For Personnel Office Use Only)

TO:

FROM: PERSONNEL OFFICE

SUBJECT: VOLUNTARY SHARED LEAVE (VSL) DONATION

Thank you for your support of the VSL Program. This is to confirm your donation of _____ day (s) to

(Individual's Name)

The deduction from your leave balance will be reflected on your monthly leave statement.