

**SCOTLAND COUNTY BOARD OF EDUCATION
VOLUNTARY SHARED LEAVE
APPLICATION FOR PARTICIPATION**

Name: _____

SSN: _____

School/Office: _____

Position: _____

Medical condition requiring the need for additional leave:

Estimated amount of time needed: _____

I authorize the Scotland County Board of Education Voluntary Shared Leave committee to make known, through system-wide communications, my need for additional leave. Only general information about my condition is to be released beyond the committee.

Signature of Applicant

Date

Note: Statement from medial doctor must be mailed directly to:

Scotland County Board of Education
322 South Main Street
Laurinburg, NC 28352
Attn: Benefits Office

Approval: _____

Chair of VSL Committee

Date