**ANSON COUNTY SCHOOLS   
VOLUNTARY SHARED LEAVE   
Application for Participation**

**Employees Name** *(as it appears on Social Security Card)*

**Social Security Number**

**Position**

**School/Work Site:**

**Medical condition requiring the need for additional leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated amount of time needed (days): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Any eligible employee in the school system may donate Annual Leave to any approved employee.**
* **Sick Leave may be donated to an employee of a public school system. A public school employee shall not donate more than five days of sick leave per year to any one non-family member.**
* **Sick Leave may be donated to an employee who is an immediate family member of the donor. (Spouse, children, parents, brother, sisters, grandparents, grandchildren, dependents living in the employee's household, including step, half and in-law relationships).**
* **An employee who is receiving benefits or is eligible to receive benefits from the Disability Income Plan is not eligible to receive donated leave. Voluntary shared leave may be used only during the required waiting period.**
* **Any unused donated leave at the end of approved voluntary shared leave period will be returned to the donor/s on a pro-rata basis.**

*I hereby authorize the Anson County Schools to make known through system-wide communications my need for additional leave. Only general information about my condition is to be released. I further authorize the release of medical information relative to this request by my physician.*

*Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please Note: A statement from my medical doctor along with this form must be submitted to:**

**Human Resources**

**Anson County Schools**

**320 Camden Rd**

**Wadesboro, NC 28170**

**Revised: 9/18/14**

**Voluntary Shared Leave Committee Approval**

**Shared Leave Committee Met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This application was: Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Signatures:**

**Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised: 9/18/14**