



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



Employee's Name: _____ Social Security Number (last four): _____

Position: _____ School Location: _____

Medical condition, with doctor's statement, requiring an absence from work:

Number of leave days requested: _____

- ❖ The employee is (1) a full-time or part-time permanent employee that has (2) exhausted all earned leave, (3) is absent due to serious medical conditions as defined by policy, (4) has provided documentation of a serious medical condition by a medical doctor requiring the employee to be absent from work, and (5) has submitted a signed authorization for release of medical information for the person suffering the medical condition (parent or guardian if a minor) to Human Resources?
- ❖ 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. The combined total of leave from non-family members cannot exceed 20 days per year, defined as any 12-month period.
- ❖ Sick Leave may be donated to an employee who is an immediate family member of the donor. (Spouse, parent, child, brother, sister, grandparent, grandchild, or a co-worker's immediate family member who is an employee of a qualifying state agency. This includes step, half, and in-law relationships.).
- ❖ The employee receiving leave has not received 130 or more days of total combined donated leave in a 12-month period or has approval from the Superintendent, on a monthly basis, to receive additional donated leave.
- ❖ 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

Voluntary Shared Leave Committee Checklist

- _____ Employee requesting leave is a full-time or part-time permanent employee.
 - _____ Employee has exhausted all earned paid leave time (sick, annual/vacation, and bonus).
 - *Personal and 20 days of extended sick leave does not have to be exhausted to qualify if certified employee.*
 - _____ Employee absence is due to a documented serious medical condition, as defined in policy.
 - _____ Employee has provided a doctor's statement of a serious medical condition from a medical doctor requiring the need to be absent from work.
 - _____ The employee has submitted a signed an authorization for release of medical information for the person suffering the medical condition (parent or guardian if a minor).
 - _____ The employee requesting voluntary shared leave does not have a total combined amount of donated leave exceeding 130 total leave days in a 12-month period (includes family and non-family donations of leave).
 - _____ The employee requesting shared leave is not receiving benefits and is not eligible to receive benefits from the Disability Income Plan.
- *The Voluntary Shared Leave Checklist meets all requirements of NCGS 115C-12.2., North Carolina Public Schools Benefits and Employment Policy Manual, and Anson County Schools BOE Policy 7540*

Recommendation for Approval/Denial:

Applicant's Name: _____

Human Resources Supervisor: _____ Date: _____

Director of Human Resources: _____ Date: _____

Approved: _____ Not Approved: _____