



Voluntary Shared Leave Application for Participation

Employee Name _____
(as it appears on Social Security Card)

Last 6 digits of SS# _____ Position _____

School/Work Site _____

Medical condition requiring the need for additional leave: _____

Estimated amount of time needed _____

- ~ Sick Leave may be donated to any approved public school system employee. Employees shall not be allowed to donate more than 5 days of sick leave per year to any one nonfamily member (combined total of sick leave received from nonfamily shall not exceed 20 days per year). (Spouse, children, parents, brothers, sisters, grandparents, grandchildren, dependents living in the employees' household including step, half and in-law relationships)
- ~ Any eligible employee in the school system may donate Annual Vacation Leave to any approved employee
- ~ 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.
- ~ At the expiration of the period approved for voluntary shared leave, any unused donated leave must be returned on a pro rata basis to the donors.

I hereby authorize the Rowan-Salisbury Schools to make known through the 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 your medical doctor along with this form must be submitted to:

Human Resources
Rowan-Salisbury Schools
704-639-3179

Approved by: _____
Superintendent/Designee

Date

Copies to:	
<input type="checkbox"/>	Employee
<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Principal
<input type="checkbox"/>	Personnel File
Rev. 3.4.11	