



### VOLUNTARY SHARED LEAVE APPLICATION FOR PARTICIPATION

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School/Office: \_\_\_\_\_ Position: \_\_\_\_\_

Medical Condition requiring the need for additional leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate amount of time needed: \_\_\_\_\_

I authorize the Davie 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 Medical Doctor Must be Mailed Directly to:

Abby White, Administrative Assistant HR/Licensure Specialist  
Davie County Schools  
220 Cherry Street  
Mocksville, NC 27028

Approval: \_\_\_\_\_  
Assistant Superintendent HR Date