

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

EMPLOYEE'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER (Last 4 digits): \_\_\_\_\_

SCHOOL/OFFICE: \_\_\_\_\_

POSITION: \_\_\_\_\_

**IMPORTANT: PLEASE READ**

**An employee who, due to a serious medical condition of self or his/her immediate family, faces prolonged or frequent absences from work and is likely to suffer a financial hardship, may apply to the superintendent of the LEA for **donated leave**. Effective January 1, 2011, a public school employee may also receive sick leave from nonfamily members employed in any state agency or school systems in North Carolina. The combined total of **sick leave** received from nonfamily members shall not exceed 20 days per year. Employees may not give more than **5 sick days** to any one person and may not donate more than half of the balance of their own leave.**

**Please note, Effective August 1, 2018, MATERNITY LEAVE is eligible for voluntary shared leave**

MEDICAL CONDITION REQUIRING THE NEED FOR ADDITIONAL LEAVE:

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

ESTIMATED AMOUNT OF TIME NEEDED: \_\_\_\_\_

I authorize the release of medical information necessary to determine if I am eligible to receive Voluntary Shared Leave. I authorize the Granville County Board of Education Voluntary Shared Leave Committee to make it known through system-wide communications my need for additional leave. Only general information about my condition is to be released beyond the committee.

Please limit my request for VSL to only the following schools/sites: \_\_\_\_\_

\_\_\_\_\_  
(If lines above are left blank, the request will be sent to all schools/sites.)

\_\_\_\_\_  
Signature of Applicant (Date)

**Note: Statements from Medical Doctor must be mailed, faxed (919-693-6305 or hand-delivered to:  
Granville County Public Schools, Director of Human Resources, P. O. Box 927, Oxford, NC 27565**

Approval: \_\_\_\_\_ Date:  
Signature of Director of Human Resources or Designee