



## MGSD Voluntary Shared Leave Employee Application

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

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ School/Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Description of medical condition requiring the need for additional/donated leave:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated amount of time needed (up to 30 days): \_\_\_\_\_

Please check the permission(s) that you are giving to HR to request donated leave:

- I authorize the Mooreville Graded School District Board of Education to make it known through district-wide communications my need for additional leave. Only general information about my condition is to be released.
- I authorize the Mooreville Graded School District to accept leave from my family member(s) listed below. I understand that this leave will be accepted only if policies in their NC state agency/school district of employment permit such contributions.

Family Member Names, Contact #, and NC Employing Agency/School District:

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

\_\_\_\_\_  
**Signature of Employee/Applicant**

\_\_\_\_\_  
**Date**

**Note:** *Donated leave can only be accepted if the employee is already approved for a medical leave of absence, has completely exhausted all available leave balances, and has proven that there is a severe medical or financial hardship.*

District Approval: \_\_\_\_\_  
**Signature of Superintendent or Designee** **Date**