Print Form

HERTFORD COUNTY PUBLIC SCHOOLS
Voluntary Shared Leave
Application for Participation

Employee's Name: _____

SSN: _____

School/Office/State Agency Located: Riverview Elementary

Position: _____

Medical Condition Requiring the Need for Additional Leave: _____
_____
_____
_____
_____

Estimated amount of time needed: _____

Period of time to be covered by this application (dates): _____
_____

I authorize the superintendent or his designee to make it known through departmental communications my desire to donate leave or need for additional leave. Only general information about my condition is to be released beyond the superintendent and Human Resource Services Department.

CIRCULATE TO ALL STAFF? No

_____ _____
Signature of Applicant Date

NOTE: 1) Statement from medical doctor must be mailed directly to:
Executive Director of Human Resource Services
Hertford County Public Schools
P.O. Box 158
Winton, NC 27986

2) A new application will be required if this crosses school years.

3) **This application must be submitted within 30 days of date leave is needed.**

APPROVAL: _____ _____
Executive Director of Human Resources or Superintendent
Date