HERTFORD COUNTY PUBLIC SCHOOLS
VOLUNTARY SHARED LEAVE
APPLICATION FOR DONATION/PARTICIPATION

NOTE: The purpose of voluntary shared leave is to provide economic relief for employees who are likely to suffer financial hardship because of a prolonged absence or frequent short-term absences caused by a serious medical condition of self or of his or her immediate family. All donated leave must be in one-half or whole day units. Sick and/or annual leave may be donated. No more than 5 days sick leave may be donated per year to any one nonfamily member. A donor may not reduce their sick or annual leave balance below one-half of what that person can earn in a year. All leave donated will be credited to the recipient's sick leave account.

SECTION I (TO BE COMPLETED BY DONOR)

DONATING EMPLOYEE'S NAME: _____
SOCIAL SECURITY #: _____
SCHOOL OR CENTRAL OFFICE: _____
JOB TITLE: _____
COMBINED NUMBER OF SICK/ANNUAL LEAVE DAYS AS OF: _____ (DATE OF APPLICATION)
NAME OF DESIGNATED EMPLOYEE TO RECEIVE DONATED LEAVE. (Note: If not HCPS employee attach sheet with name of person to receive leave, name of agency, address and telephone number to send leave.)

Name: _____ Relationship to Applicant _____
AMOUNT OF LEAVE BEING DONATED: _____Sick Leave days _____Annual Leave days

SIGNATURE OF DONOR _____ DATE _____

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SECTION II (TO BE COMPLETED BY RECIPIENT IF APPLICATION FOR PARTICIPATION NOT ON FILE FOR THIS OCCURRENCE)

MEDICAL CONDITION REQUIRING THE NEED FOR VOLUNTARY SHARED LEAVE:

_____
_____
_____
_____

ESTIMATED AMOUNT OF TIME NEEDED: _____ CIRCULATE TO ALL STAFF? ____YES ____NO

DATES NEEDED_____
I authorize the superintendent or his designee to make 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 Resources Office.

SIGNATURE OF RECIPIENT_____ DATE _____

NOTE: 1) Statement from medical doctor must be mailed directly to: CHIEF HUMAN RESOURCES OFFICER, 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 NEEDED

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SECTION III (TO BE COMPLETED BY CHIEF HUMAN RESOURCES OFFICER, HERTFORD COUNTY BOARD OF EDUCATION)

APPROVAL: _____ DATE _____

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SECTION IV (TO BE COMPLETED BY ACCOUNTING TECHNICIAN FOR PAYROLL AND RETURN COPY TO DONOR)

POSTED BY: _____ DATE: _____