



# Nash County Public Schools

Human Resources Department

930 Eastern Avenue, Nashville, NC

P: (252) 459-5220 F: (252) 459-6404

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## **VOLUNTARY SHARED LEAVE APPLICATION FOR PARTICIPATION**

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

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SCHOOL/DEPT: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

Medical Condition requiring the need for additional leave:

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*I hereby authorize any physician, hospital, employer, agency, or other organization to disclose and to release to my current employer any medical records or other pertinent information about my medical condition.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE: Please return this completed form along with a written statement from a medical doctor to:**

**Nash County Public Schools**

**Carie Craft, Benefits Specialist**

**930 Eastern Avenue**

**Nashville, NC 27856**

**FAX: (252) 459-6404**

Approved by: \_\_\_\_\_

*Executive Director of Human Resources*

\_\_\_\_\_  
Date

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Date Received by Human Resources: \_\_\_\_\_