

**PAMLICO COUNTY SCHOOLS
VOLUNTARY SHARED LEAVE APPLICATION**

Applicant's Name _____

Social Security # _____

School/Department _____

Position _____

Medical Condition requiring the need for additional leave:

Dates to be covered: _____

**A DOCTOR'S STATEMENT MUST BE ATTACHED TO THE APPLICATION
BEFORE SUBMITTING TO THE HUMAN RESOURCES.**

Prospective Donor(s):

<u>Name</u>	<u>Relationship</u>	<u>School System</u>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

I hereby authorize my physician to disclose to my employer any medical records or other information about my illness or my immediate family member.

Signature of Applicant

Date

Signature of Human Resources

Date

COMPLETE THIS SECTION IF YOU WISH TO SOLICIT DONOR(S) SYSTEM-WIDE.

I authorize the Pamlico County Board of Education Voluntary Shared Leave Administrator to make known, through system-wide communications, my need for additional leave. Only general information about my condition or my immediate family member is to be released beyond the committee.

Signature of Applicant

Date