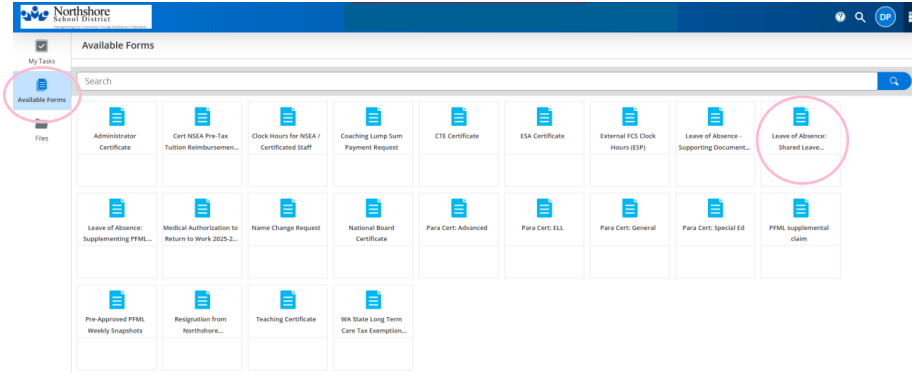




## How to apply to receive Shared Leave Donations

1. Go to **TalentEd Records** ([records.nsd.org](https://records.nsd.org)). Use your employee credentials.
2. In the left-hand menu, click **Available Forms**.
3. Select **Leave of Absence: Shared Leave Application 2526 SY**.



4. **Complete the form thoroughly on the first page.**

5. **Download the Second Page** of the application (click “Download second page” link). Have your healthcare provider complete and sign the second page.

**Required:** The second page must be completed **if you selected A or H on the first page.**



6. Click **SAVE FINAL**.

7. After the page reloads, **scroll to the end** of the form. **Check the Electronic Signature Statement**, then **sign electronically**. Click **SUBMIT**.

8. Return to TalentEd Records ([records.nsd.org](https://records.nsd.org)) once the second page is signed by healthcare provider. In the left-hand menu, click **Available Forms**.

9. Select **Leave of Absence: Supporting Documents 2025-26 SY**.

10. Answer the question by **checking the box**.



Leave of Absence - Supporting Documents 2025-26 SY

If you haven't submitted your Leave of Absence Request, STOP here and go to this link and complete the application electronically first: [-->LOA APPLICATION](#)

Step 1 - Download the required form:

Certification of Health Care Provider for Employee's Serious Health Condition --> [CLICK HERE](#)

Certification of Health Care Provider for Family Member's Serious Health Condition --> [CLICK HERE](#)

Medical Professional Authorization for Employee to receive Shared Leave Donations --> [CLICK HERE](#)

Step 2 - Upload  
Submit the completed and signed document(s) as an attachment here.

Employee ID (required)

Have you submitted your Leave of Absence Application? (required)

I acknowledge and certify that I have submitted the Leave of Absence application.

Attachments

Application to Receive Shared Leave Donations [Upload a file](#)

Health Care Provider Certification [Upload a file](#)

Other Types of Supporting Documents [Upload a file](#)

Please Click to View/Hide the Workflow

Current User	
Date	

[Close](#) [Print](#) [Print as PDF](#) [Save Draft](#) [Save Final](#)

11. Upload **the second page of the** Application to Receive Shared Leave Donations by **clicking Upload a file** and then clicking **SAVE FINAL**.

Leave of Absence - Supporting Documents 2025-26 SY

If you haven't submitted your Leave of Absence Request, STOP here and go to this link and complete the application electronically first: [-->LOA APPLICATION](#)

Step 1 - Download the required form:

Certification of Health Care Provider for Employee's Serious Health Condition --> [CLICK HERE](#)

Certification of Health Care Provider for Family Member's Serious Health Condition --> [CLICK HERE](#)

Medical Professional Authorization for Employee to receive Shared Leave Donations --> [CLICK HERE](#)

Step 2 - Upload  
Submit the completed and signed document(s) as an attachment here.

Employee ID (required)

Have you submitted your Leave of Absence Application? (required)

I acknowledge and certify that I have submitted the Leave of Absence application.

Attachments

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Health Care Provider Certification [Upload a file](#)

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