Alexander County Schools

P.O. BOX 128
TAYLORSVILLE, NORTH CAROLINA 28681

VOLUNTARY SHARED LEAVE
APPLICATION FOR PARTICIPATION

Employee's Name: _____

Employee's Address: _____

School/Office: _____ Position: _____

Medical Condition requiring the need for additional leave:

_____

_____

_____

_____

Estimated amount of time needed: _____

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

_____ _____
Signature of Applicant Date

NOTE: Statement from Medical Doctor Must be Mailed Directly to:

Dr. Alisha Cloer, Assistant Superintendent of HR
Alexander County Schools
700 Liledoun Road
Taylorsville, NC 28681

Approval: _____
Chair of VSL Committee Date

_____
Superintendent or Designee Date