

Voluntary Shared Leave
Application for Participation

Employee's Name: _____

SSN: _____

School/Office: _____

Position: _____

Medical Condition requiring the need for additional leave: _____

Estimated amount of time needed: _____

I authorize the Surry County Board of Education to release general medical information about my condition (or parent or guardian of a minor) to potential donors.

Signature of Applicant

Date

Note: Statement from Medical Doctor Must Be Mailed Directly to:

Charles C. Graham II, Personnel Director
Surry County Schools
P. O. Box 364
Dobson, NC 27017

Approval:

Superintendent
or Designee

Date

cc: Personnel