

**MACON COUNTY BOARD OF EDUCATION
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 Macon County Board of Education Voluntary Shared Leave Committee to make it known through system-wide communications my need for additional leave. Only general information about my condition is to be released beyond the committee. I also authorize the Macon County School System to obtain any medical information necessary for the purpose of approving this application.

Signature

Date

Note: Statement from Medical Doctor must be mailed directly to:

Dan K. Moore, Director of Personnel
Macon County Board of Education
P.O. Box 1029
Franklin, NC 28744

Approval: _____

Chair of VSL Committee

Date

Superintendent or Designee

Date

*** According to Policy ID# 04.3 in the Public Schools of North Carolina Benefits and Employment Policy Manual ...*

"The purpose of voluntary shared leave is to provide economic relief for employees who are likely to suffer financial hardship because of a prolonged absence or frequent short-term absences caused by a serious medical condition. Only full-time and part-time permanent employees who have exhausted all accumulated paid leave (sick leave, annual vacation leave, and bonus leave, if applicable) are eligible to receive donated leave ..." This criteria applies not only to the employee, but to immediate family members.