

# Swain County Public Schools

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Superintendent

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## APPLICATION TO RECEIVE VOLUNTARY SHARED LEAVE

Section 4.3.1 of the North Carolina Public Schools Benefits and Employment Policy Manual states that “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.”

Section 4.3.2 regarding eligibility states “only full-time and part-time employees who have exhausted all available accumulated paid leave are eligible to receive donated leave...”

Section 4.3.3 regarding applying for voluntary shared leave states “an employee who, due to a serious medical condition of self or of his or her immediate family faces prolonged or frequent absences from work may apply to the superintendent of the LEA for donated leave. Application may also be made by a third person acting on the employee’s behalf, if the employee is unable to make application.”

“An employee may make application for shared leave at such time as medical evidence is available to support the need for leave beyond the employee’s available accumulated leave.”

“The following items must be included in the application:

1. A doctor’s statement, and
2. An authorization for release of medical information signed by the person who is suffering the medical condition. This release may also be signed by any legally authorized party.”

## EMPLOYEE APPLYING FOR VOLUNTARY SHARED LEAVE

NAME: \_\_\_\_\_ SCHOOL/DEPT: \_\_\_\_\_

\_\_\_\_\_ Doctor’s note attached

\_\_\_\_\_ Release of medical information attached

I request approval from the Superintendent to receive voluntary shared leave as a result of absences caused by a serious medical condition of mine or my immediate family member. **I understand that I must have exhausted all available accumulated paid leave before I am eligible to use any voluntary shared leave.**

\_\_\_\_\_  
*Employee’s Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Superintendent’s Approval*

\_\_\_\_\_  
*Date*

**“Every student will graduate from Swain County Schools ready for college and/or career.”**