

**VOLUNTARY SHARED LEAVE APPLICATION**

*Exhibit Code:*

**7540-E**

HOKE COUNTY BOARD OF EDUCATION  
VOLUNTARY SHARED LEAVE  
APPLICATION FOR PARTICIPATION

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School/Office: \_\_\_\_\_

Position: \_\_\_\_\_

Medical Condition requiring the need for additional leave: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated amount of time needed: \_\_\_\_\_

I authorize the Hoke 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:

\_\_\_\_\_, Assistant Superintendent  
\_\_\_\_\_  
\_\_\_\_\_, North Carolina \_\_\_\_\_

Approval: \_\_\_\_\_  
Chair of VSL Committee Date

\_\_\_\_\_  
Superintendent or Designee Date