Eff. 03/01/95
Rev. 05/11

DEPARTMENT OF PUBLIC INSTRUCTION

Application for Voluntary Shared Leave

Employeeôs Name: _____

BEACON Personnel #: _____

Area, Division, Section: _____

Medical condition requiring additional leave: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____ (Continue on reverse if additional space is needed.)

First Day of Absence: _____ Estimated/Actual Date of Return: _____

Total # Hours Requested: _____

I authorize the Voluntary Shared Leave Committee to solicit leave on my behalf through departmental communications. I understand that only general information concerning my medical condition will be released beyond the Committee.

I authorize the use of my name in the VSL solicitation announcement. θ Yes θ No

_____

Signature of Applicant or Supervisor Date

NOTE: Physician's statement must be mailed <u>directly to</u>:

Jack R. Stone, Director
Human Resources Division
N. C. Department of Public Instruction
301 N. Wilmington St.
Raleigh, North Carolina 27601-2825

APPROVAL:

_____

VSL Chairperson Date

_____

Human Resources Director Date