

WARREN COUNTY SCHOOLS	VOLUNTARY SHARED LEAVE APPLICATION FOR REQUEST OF ANNUAL /SICK LEAVE
Employee's Name:	Employee ID Number:
School/Office:	Position:
<p>Medical condition requiring the need for additional leave:</p>          <p>Estimated amount of time needed: _____</p>	
<p>I authorize the Warren 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.</p>	
<p>Signature of Applicant: _____ Date: _____</p>	
<p><b>NOTE:</b> Statement from Medical Doctor <b>MUST</b> be mailed directly to:  Jamar M. Perry, Human Resources Director  Warren County Board of Education, Post Office Box 110, Warrenton, North Carolina 27589</p>	
<p>Approval:</p> <p>Chair of VSL Committee: _____ Date: _____</p> <p>Superintendent or Designee: _____ Date: _____</p>	