

Abbeville County School District

Please use the space provided below to explain your situation completely. You may attach additional pages or supporting documentation for review by the committee. Include any physician's statements you deem relative to your particular situation.

Reason(s) for requesting shared leave:

I hereby certify that all statements given on this form and attachments are true to the best of my knowledge. I also certify that I have not offered compensation in any form to any employee for shared leave days. Furthermore, I give the district permission to share pertinent medical information about me or the circumstances involved with my request with the shared leave committee.

Signature of Employee:

Do not write below this line

Date of Committee Review:		
Number of <i>Earned</i> Sick Days at Application Date:	#	Finance Dir.. Signature:
Recommendation of Committee:	Send to Superintendent Denied	Chair Signature:
Superintendent's Decision:	Approved Denied	Supt. Signature:
Number of Shared Leave Days Approved:		