Abbeville County School District

Shared Leave Application Form

This form is required before shared leave may be granted to an employee in conjunction with Board Policy GCCA. This form must be completed in its entirety and submitted to Dr. Lori Brownlee-Brewton, Assistant Superintendent. The Shared Leave Committee will review this request. If approved by the committee, the form will be sent to the Superintendent for review.

Name:	Date:				
SSN:					
Homebased School:					
Number of years employed in the Abbeville C	ounty				
School District					
Are you employed 30 hours or more per week		Yes	No		
Cumulative balance of sick leave days at the b	eginning				
of current year?					
Number of shared leave days requested?					
Number of days previously granted for shared					
Is this request concerning your personal medic	cal	Yes			
condition?		No			
Is this request concerning an immediate family	Y	Yes	Spouse		
member? (If yes, please specify.)		No	Child		
			Parent		
			Sibling		
			Guardian		
Di la			G'parent		
Please describe any previous prolonged illnesses, which are in excess of 20					
days that has required you to be away from yo	ur job in th	e Abbev	ille County		
School District.					

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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:					
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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 Appro	ved:				