

Asheboro City Schools

...the subject is excellence

Office of the Superintendent

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APPLICATION TO DONATE VOLUNTARY SHARED LEAVE

Individual Approved for Voluntary Shared Leave

Name:		
SSN:	Date:	
School System/State Agency:		
Number of Hours/Days Approved:		
Note: A copy of the approval letter must be attached to this application.		

Individual Wishing to Donate Voluntary Shared Leave

Date:	
Number of Hours/ Days to be Donated: Type of Leave to be Donated:	

Authorizing Signature of Donor's System/Agency	Position	Date	
Authorizing Signature of Recipient's System/Agency	Position	Date	

Individuals may be required to furnish proof of relationship.

At the expiration of the period approved for voluntary shared leave as determined by the school system/state agency, any donated leave in excess of 40 hours must be returned on a pro rata basis to the donors.

An equal opportunity/affirmative action employer