VSL Form #1

Rockingham County Schools

Voluntary Shared Leave

Application for Participation

Employee's Name _____

SSN: _____

School/Office: _____

Position: _____

Medical condition requiring the need for a leave of absence:

_____

_____

_____

_____

Estimated amount of time needed: _____

Note: Statement from medical doctor must be attached to this form.

_____ _____
Signature of Employee Date

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Approval: _____ _____
Executive Director of Human Resources Date

Please send all copies to the Human Resources Department. Copies will be distributed after the Human Resources Department processes the request.

White: Human Resources Dept Yellow: Finance Dept Pink: Employee

Revised 3/8/11