



CALDWELL COUNTY SCHOOLS

Application for Voluntary Shared Leave and Authorization for Release of Medical Information

An employee who, due to a serious medical condition of self or his/her immediate family, faces prolonged or frequent absences from work may apply to the superintendent for donated leave. Application may also be made by a third person acting on the employee's behalf, if the employee is unable to make application. Policy #6420 for detailed procedures.

Employee's Name: _____ **Employee ID#:** _____

School: _____ **Job Title/Position:** _____

Hours Worked per Week: _____ **Home Phone:** _____

Employee's Address: _____

Patient's Name & Relationship to Employee: _____

Anticipated Length of Absence (Best Estimate): From: _____ **To:** _____

If this application is completed by a third person, please print your name & relationship to the employee: _____

I hereby certify the above information is true and accurate and I authorize any physician, hospital, or other organization to disclose to my employer, Caldwell County Schools, any medical information and/or records about my condition. I understand that a copy of this authorization will be considered to be as valid as the original.

Signature of Person Completing Application:

_____ **Date Signed** _____

Superintendent Approval: _____ **Date Signed** _____

NOTE: This form must be completed and accompany a Leave Request Form (B1) and Doctor's Certification Form (B2). All three forms should be submitted to the Benefits Coordinator in Human Resource Services before the request can be reviewed by the superintendent for approval. These forms/statements are requirements set forth by State Policy, Legal Reference G.S.115C-12 (8).