

Shared Leave Application Form (GCCAA)

This form is required before shared leave may be granted to an employee in conjunction with Board Policy GCCAA. This form must be completed in its entirety and submitted to Mr. Randy Vaughn, Assistant Superintendent for Human Resources. The Shared Leave Committee will review this request. If approved by the committee, the form will be sent to the Superintendent or his/her designee for review.

Name:		Date:	
SSN:			
Homebased School:			
Number of years employed in District 50?			
Are you employed 30 hours or more per week?		<input type="radio"/> Yes <input type="radio"/> No	
What are the anticipated dates of your leave?			
Is this request concerning your personal medical condition?		<input type="radio"/> Yes <input type="radio"/> No	
Is this request concerning an immediate family member? (If yes, please specify.)		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Guardian <input type="radio"/> G'parent
Please describe any previous prolonged illnesses, which are in excess of 20 days that has required you to be away from your job in District 50.			

See Reverse Side

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:	#	Payroll Supv. Signature:
Recommendation of Committee:	<input type="radio"/> Send to Superintendent <input type="radio"/> Denied	Chair Signature:
Superintendent's Decision:	<input type="radio"/> Approved <input type="radio"/> Denied	Supt. Signature:
Number of Shared Leave Days Approved:		
Number of Days Tabled until next meeting		
Additional Days Approved		
Date Additional Days Approved		
Chair Signature		
Superintendent's Signature		