

## Sampson County Voluntary Shared Leave Application for Participation

Employee's Name: \_\_\_\_\_

Social Security Number (last 4 digits only) \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Medical condition requiring the need for additional leave

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Estimated amount of time needed: \_\_\_\_\_

I authorize the Sampson County Voluntary Shared Leave Committee to make know through system-wide communications my need for additional leave. Only general information about my condition is to be released beyond the committee:

\_\_\_\_\_  
Signature of Applicant Date

**Note: Statement from Medical Doctor must marked personal and confidential and be mailed directly to:**

Ms. Connie Fann, Human Resources Manager  
Sampson County Finance Department  
406 County Complex Rd., Suite 120  
Clinton, NC 28328

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Approval/Disapproval – Department Head Date

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Approval/Disapproval – Chair of VSL Committee Date

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Approval/Disapproval – County Manager Date