

**Randolph Community College**  
629 Industrial Park Avenue  
Asheboro, NC 27205  
(336) 633-0256 (phone)      (336) 633-0104 (fax)

**APPLICATION TO DONATE  
VOLUNTARY SHARED LEAVE**

**Donor of Voluntary Shared Leave**

|   |
|---|
| Name: _____                                   |
| SSN: _____ Date: _____                        |
| Number of Hours/<br>Days to be Donated: _____ |
| Relationship to recipient: _____              |
| Signature of Donor: _____                     |

**Recipient of Voluntary Shared Leave**

|                                   |
|-----------------------------------|
| Name: _____                       |
| SSN: _____ Date: _____            |
| School System/State Agency: _____ |
| Address: _____                    |
| Phone: _____                      |

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

Individual may be required to furnish proof of relationship. Upon completion, this form should be forwarded to Randolph Community College at the address listed above.

An equal opportunity/affirmative action employer