

**GLOUCESTER COUNTY PUBLIC SCHOOLS**  
**LEAVE DONATION PROGRAM**

**INFORMED CONSENT FOR RELEASE OF DATA**

Pursuant to the guidelines of the GCPS Leave Donation Program, I have requested that fellow employees of GCPS donate sick leave into my sick leave account. I understand that the nature of the serious/life-threatening illness or serious/life-threatening injury involved is private data that may not be disclosed by GCPS to others, including to other GCPS employees, without my informed consent.

*Check box below that applies:*

\_\_\_\_\_ **I DO NOT** authorize GCPS to disclose to other GCPS employees the nature of the serious/life-threatening illness or serious/life-threatening injury involved.

\_\_\_\_\_ **I DO** authorize GCPS to disclose to other GCPS employees the following information:

Nature of Serious/Life Threatening Illness or Serious/Life Threatening Injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Serious/Life Threatening Illness or Serious/Life Threatening Injury Began: \_\_\_\_\_

Anticipated Return to Work: \_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**ADOPTED:** November 14, 2017; Effective November 15, 2017

**CROSS REFERENCES:**  
GBDG Staff Leave  
GBDG-R2 Leave Donation Program  
GBDG-E1 Leave Donation Program Application  
GBDG-E2 Request to Donate Sick Leave Days