

DIRECTIONS FOR COMPLETING APPLICATION FOR
LEAVE DUE TO ILLNESS OF A **FAMILY MEMBER**

FAMILY LEAVE OF ABSENCE - SUPPORT STAFF

A **Leave of Absence Form** is required for application for a leave due to the illness of a family member. The leave must state the **beginning** and **ending date** of the leave, and the number of accumulated **sick** or **vacation** days to be used. If this information is not provided, no sick or vacation days will be allocated and absences will be unpaid.

You must notify Human Resources immediately if you need to change the dates of your leave for any reason. Failure to file a corrected leave may result in inaccurate computation of your salary. If you have questions regarding completion of these forms, please contact **Norma Scott, 321-2616**.

RETURN ALL FORMS TO:

**HUMAN RESOURCES
SHELBY COUNTY SCHOOLS
160 S. HOLLYWOOD STREET
MEMPHIS TN 38112**