

# Shelby County Schools

## LEAVE OF ABSENCE FORM

**Directions:** Return form to Human Resources. Thirty days notice is required except in case of emergency.

**PLEASE PRINT** (complete each section in ink)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Location: \_\_\_\_\_ Job/Position: \_\_\_\_\_

(If teacher, subject/grade)

Begin on: \_\_\_\_\_ End on: \_\_\_\_\_ Email: \_\_\_\_\_  
month day year month day year

\_\_\_\_\_ Medical Leave\* (A separate application is required if applying for days from Sick Bank.)

\_\_\_\_\_ Self

\_\_\_\_\_ Family Member \_\_\_\_\_  
Relationship

\_\_\_\_\_ Sick Bank Requested ( Original \_\_\_\_\_ Extension 1 \_\_\_\_\_ Extension 2 \_\_\_\_\_ )

\_\_\_\_\_ Maternity\*

\_\_\_\_\_ Adoption

\_\_\_\_\_ Military Leave (A separate application is required if applying for Military Leave.)

\* Submit separate Physician's Verification Form

**COMPLETE EACH SECTION**

1. I want to use \_\_\_\_\_ (#) accumulated sick days (medical/maternity only) and/or \_\_\_\_\_ (#) personal day or vacation (12 month employee only) with any remaining days to be unpaid. (Any employee who goes on maternity leave shall be allowed to use accumulated sick leave *during her period of physical disability only*, as determined by a physician.)
2. I do \_\_\_\_\_ do not \_\_\_\_\_ have health insurance through the Shelby County Board of Education.  
 I do \_\_\_\_\_ do not \_\_\_\_\_ want to retain other volunteer services. (Contact Employee Benefits regarding payment of premium).
3. I do \_\_\_\_\_ do not \_\_\_\_\_ have Long-Term Disability (begins on the 180th day – 2 Years) through the Shelby County Board of Education.
4. It is my intention to return to my present position on \_\_\_\_\_ (first day after leave).

_____	_____
Employee's Signature	Date
_____	_____
Supervisor's Signature	Date

**PERSONNEL USE ONLY**

_____ # Sick Days Approved (Does not include Sick Bank, Certificated Only)	
_____ # Personal Days (Certificated Only)	<b>PAID LEAVE</b>
_____ # Unpaid Days	_____ through _____
_____ # Vacation Day(s) Approved (12 month employees only)	<b>UNPAID LEAVE</b>
_____ # Sick Bank Days Approved _____ Date Applied _____ Date Approved	_____ through _____
_____ Sick Bank Denied _____ Date	<b>SICK BANK</b>
_____ Date Returned from Leave	_____ through _____