

Shelby County Schools
LEAVE OF ABSENCE REQUEST FORM
FAMILY AND MEDICAL LEAVE

All completed leave requests must be accompanied by appropriate documentation as required in the Board policies of Shelby County Schools and submitted to the Office of Employee Benefits, at least thirty (30) days in advance.

Name \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Any correspondences regarding this Leave of Absence request will be mailed to the address Shelby County Schools has on file. It is your responsibility to ensure your records are current at all times.

Home Phone ( ) \_\_\_\_ - \_\_\_\_ Alt. Phone ( ) \_\_\_\_ - \_\_\_\_ Current Assigned Location Name \_\_\_\_\_ (Required)
Current Assigned Position \_\_\_\_\_ (Required)

Type of Leave:

- Military
Qualifying Exigency
Injury or Illness of Covered Service Member
Injury or Illness of a Veteran

- Continuous
Intermittent
Reduced hours

NOTE TO TEACHERS/INSTRUCTIONAL EMPLOYEES

NOTE TO TEACHERS/INSTRUCTIONAL EMPLOYEES ONLY:
If leave is taken more than five (5) weeks prior to the end of the semester, and the return to employment is within three (3) weeks of the ending semester, the teacher will not be able to return until the first day of the next semester.

If leave is taken five (5) weeks prior to the end of the semester, and the return to employment is within two (2) weeks of the ending semester, the teacher will not be able to return until the first day of the next semester.

If the return to work date is within three weeks of the end of the semester, the teacher will not be able to report to work until the first day of the next semester.

Requested date for Leave to begin \_\_\_\_/\_\_\_\_/\_\_\_\_ (First Day of Consecutive Absence)

Requested date to return to work \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\* If you are on an approved leave of absence and go into unpaid status, you will receive a monthly invoice for medical, dental, vision, basic life, and long term disability until your return to active employment. Failure to receive an invoice does not relieve you from your responsibility of making timely premium payments.

NOTE to Employee: You are required to report to the Office of Employee Benefits five (5) business days prior to the expiration of your approved leave to receive a written clearance to give to your supervisor.
\*\*\*If any portion of your Leave of Absence is unpaid, upon your return to work your salary will be recalculated according to the number of scheduled workdays and pay periods remaining in the school year (excluding hourly employees).

Signature of Principal/Supervisor (Required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Employee (Required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the employee, agree to abide by the Federal and State laws and leave policies, rules and regulations of Shelby County Schools regarding the policy under which I am requesting leave.

Teachers Only: Would you like to use any accumulated personal days at the beginning of the approved leave? \_\_\_ Yes \_\_\_ No
If yes, how many personal days would you like to use? \_\_\_\_\_

HUMAN RESOURCES ONLY

Form with fields for Approved/Denied status, Approved Leave Dates, FMLA Dates, NON-FMLA Dates, PAID/UNPAID STATUS, and Leave Extension Dates.