

# 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:**

- \_\_\_\_\_ **Personal Illness**  
\_\_\_\_\_ Continuous \_\_\_\_\_ Intermittent \_\_\_\_\_ Reduced hours
- \_\_\_\_\_ **Accident on the Job**
- \_\_\_\_\_ **Illness in Immediate Family** *(Relationship to Employee : \_\_\_\_\_)*  
\_\_\_\_\_ Continuous \_\_\_\_\_ Intermittent \_\_\_\_\_ Reduced hours
- \_\_\_\_\_ **Parenting** *(Includes Maternity, Paternity, Adoption & Foster Care Placement)*  
\_\_\_\_\_ 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 12 month salaried and 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? \_\_\_\_\_

<b>HUMAN RESOURCES ONLY</b>	
<p>_____ <b>Approved</b> _____ <b>Denied</b> <b>Approved Leave Dates:</b> Beginning ___/___/___ Ending ___/___/___</p> <p><b>FMLA Dates:</b> Beginning ___/___/___ Ending ___/___/___ <b>Number of FMLA Days used:</b> _____</p> <p><b>NON- FMLA Dates:</b> Beginning ___/___/___ Ending ___/___/___ <b>Number of Vacation Days used:</b> _____</p> <p><b>PAID STATUS:</b> Beginning ___/___/___ Ending ___/___/___ <b>UNPAID STATUS:</b> Beginning ___/___/___ Ending ___/___/___</p> <p>Approved by: _____ Date Approved ___/___/___ Signature of Leave Administrator</p>	<p><u>Leave Extension Dates</u></p> <p>_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____</p>