

## Military

Board Policies 4022 & 4038

1. Leave of Absence Request form must be completed and signed by you. The signature of your supervisor is required.
2. Supporting documentation(s) from the appropriate military commander as evidence of such duty must indicate the following:
  - a. The beginning date on the orders must match the beginning date on the Leave of Absence request.
  - b. The ending date on the orders must match the ending date on the Leave of Absence request.
  - c. A complete and sufficient certification to support a request for FMLA leave due to a current service member's serious injury or illness; serious injury or illness of a Veteran; and qualifying exigency.
3. If your service extends beyond the date originally stated on your orders, you are required to submit additional documentation to Employee Benefits.
4. If the period of service in the uniformed services was for more than ten (10) business days, you are required to report to the Office of Employee Benefits prior to reporting back to work for a written clearance to give to your supervisor.

## Health and Life Benefits

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.

The payments should be made directly to the Office of Employee Benefits Room 108. Checks and money orders are made payable to: Shelby County Schools. Failure to receive an invoice does not relieve you from your responsibility of making timely premium payments. Failure to submit your payments will result in the termination of the insurance coverage for non-payment. You will have the option to re-elect health insurance coverage within thirty (30) days of your return from the approved leave of absence. If you miss the thirty (30) day window, you will have the opportunity to re-elect coverage during the next health insurance open enrollment period.

A Statement of Health form must be completed and submitted to MetLife for re-enrollment approval in the Basic Group Life Insurance. The Statement of Health forms are available in the Benefits Office, room 108.

A Statement of Health form must be completed and submitted to Standard Insurance Company for re-enrollment approval in the Long Term Disability plan.

## Educational Leave

Board Policy 4021

1. Leave of Absence Request form must be completed and signed by you. The signature of your supervisor is required.
2. A copy of your registration is required indicating you are enrolled.
3. 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.

## Miscellaneous Leave

Board Policy 4056

1. Leave of Absence request for Miscellaneous Leave will be reviewed and approved at the discretion of Shelby County Schools.
2. Supporting documentation is required for Miscellaneous Leave.

## 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 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).

## Please note:

The Board policies of Shelby County Schools can be found on our website at [www.scsk12.org](http://www.scsk12.org).



Shelby County Board of Education

# Leave of Absence Procedures

## Contacts

**Marvay Mosley**  
Locations A - K  
416-5869

**Dana Jackson-Dortch**  
Locations L - Z  
416-5514

According to Board Policy and Memorandum of Understanding, if an employee *is absent or expecting to be absent* for ten (10) consecutive workdays and/or more, he or she must file a Leave of Absence request with the Office of Employee Benefits.

# Shelby County Schools LEAVE OF ABSENCE REQUEST FORM NON-FMLA

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:**

- \_\_\_\_\_ **Miscellaneous** (\*Leave of Absence Request for Miscellaneous Leave will be reviewed and approved at the discretion of Shelby County Schools.)
- \_\_\_\_\_ **Educational**
- \_\_\_\_\_ **Military** (Orders must be included)
- \_\_\_\_\_ **Legislative**

**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.*

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? \_\_\_\_\_

HUMAN RESOURCES ONLY	
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <b>Approved Leave Dates:</b> Beginning ____/____/____    Ending ____/____/____	<b>Leave Extension Dates</b> _____ _____ _____ _____ _____
<b>FMLA Dates:</b> Beginning ____/____/____    Ending ____/____/____    Number of FMLA Days used: _____	
<b>NON- FMLA Dates:</b> Beginning ____/____/____    Ending ____/____/____    Number of Vacation Days used: _____	
<b>PAID STATUS:</b> Beginning ____/____/____    Ending ____/____/____ <b>UNPAID STATUS:</b> Beginning ____/____/____    Ending ____/____/____	
Approved by: _____    Date Approved ____/____/____ Signature of Leave Administrator	

Shelby County Schools  
Department of Human Resources  
Office of Employee Benefits

# REINSTATEMENT FORM

I understand that prior to my return from leave and reporting to my assigned location, I must report to the SCS Office of Employee Benefits five (5) business days prior to the end of my approved leave of absence. This form must be signed by the Leave Administrator for written clearance.

Additionally, I understand that failure to comply may result in a delay of the processing of my leave return which could affect my paycheck or employment status.

I understand by signing this form, I have read and understand the terms of condition for returning to work from my approved leave of absence.

Please Print:

Employee's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Location Name: \_\_\_\_\_ Current Job Title: \_\_\_\_\_

Date to Return to Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Today's Date

\_\_\_\_\_  
(Required) Leave Administrator's Signature (The Office of Employee Benefits)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Today's Date

CC: Principal/Supervisor

Shelby County Schools' does not discriminate in its programs or employment on the basis of race, color, religion, national origin, disability, sex, age, or genetics. For more information, please contact the Office of Equity Compliance at 901-416-6670.



## 2015-16 SCS HEALTH PLAN RATES - UNPAID LEAVE OF ABSENCE

### Employee Contributions

Medical Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>OAP IN-NETWORK PLUS Option</b>				
Employee	\$124.72	\$154.72	\$103.94	\$128.94
Employee + 1	\$277.94	\$307.94	\$231.62	\$256.62
Family	\$387.73	\$417.73	\$323.11	\$348.11
<b>OAP BASIC Option</b>				
Employee	\$89.99	\$119.99	\$74.99	\$99.99
Employee + 1	\$219.97	\$249.97	\$183.31	\$208.31
Family	\$306.86	\$336.86	\$255.72	\$280.72
<b>CHOICE FUND HRA Option</b>				
Employee	\$55.20	\$85.20	\$46.00	\$71.00
Employee + 1	\$151.40	\$181.40	\$126.17	\$151.17
Family	\$211.21	\$241.21	\$176.01	\$201.2

Dental Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>DPPO (\$2,000) Option</b>				
Employee	\$25.62		\$21.35	
Employee + 1	\$53.80		\$44.84	
Family	\$76.86		\$64.05	
<b>DPPO (\$1,500) Option</b>				
Employee	\$15.48		\$12.90	
Employee + 1	\$32.50		\$27.09	
Family	\$46.43		\$38.69	
<b>DEPO IN-NETWORK ONLY Option</b>				
Employee	\$11.41		\$9.51	
Employee + 1	\$23.95		\$19.96	
Family	\$34.22		\$28.52	

Vision Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$3.70		\$3.08	
Employee + 1	\$7.07		\$5.90	
Family	\$11.48		\$9.57	

**LIFE INSURANCE:** Please check the employee portal for your life insurance premium amount

Please submit payment and invoice for your health and life insurance to the SCS Benefits Office: SCS  
 Office of Benefits/Compensation  
 160 S. Hollywood Rm. 108  
 Memphis, TN 38112

**PLEASE NOTE:** Failure to pay insurance premiums while on leave of absence may result in termination of insurance coverage. Rates effective: 09/01/2015 - 07/31/2016.