

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:

_____ Professional Organizations/Associations

_____ Miscellaneous

_____ Educational

_____ Military (Orders must be included)

Would you like to use any accumulated sick /personal days? _____ Yes _____ No
If yes, how many sick days (up to 5 sick days allowed) _____ Personal days _____

_____ Legislative

Would you like to use any accumulated vacation/personal days? _____ Yes _____ No
If yes, how many vacation days _____ Personal days _____

_____ Religious

Would you like to use any accumulated vacation/personal days? _____ Yes _____ No
If yes, how many vacation days _____ Personal days _____

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

Requested date to return to work ____/____/____

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 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/work 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.

HUMAN RESOURCES ONLY

_____ Approved _____ Denied Approved Leave Dates: Beginning ____/____/____ Ending ____/____/____

Leave Extension Dates

FMLA Dates: Beginning ____/____/____ Ending ____/____/____ Number of FMLA Days used: _____

NON- FMLA Dates: Beginning ____/____/____ Ending ____/____/____ Number of Vacation Days used: _____

PAID STATUS: Beginning ____/____/____ Ending ____/____/____ UNPAID STATUS: Beginning ____/____/____ Ending ____/____/____

Approved by: _____ Date Approved ____/____/____
Signature of Leave Administrator

____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____