

HAYWOOD COUNTY SCHOOLS

REQUEST FOR LEAVE OF ABSENCE

Name _____ Date of Request (mm/dd/yyyy) _____

Social Security Number xxx-xx-_____ Telephone Number (Work) _____ (Home) _____

Home Address _____

School/Department _____ Position/Grade/Subject _____

EMPLOYEE'S STATEMENT

I am requesting a leave of absence for the following length of time: **(These dates are subject to change)**

Date Leave Should Begin	Date Leave Should End	Expected Return to Work Date
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Type of leave requested (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pregnancy/Maternity | <input type="checkbox"/> Medical Leave | <input type="checkbox"/> New Baby/Child Placement Care |
| <input type="checkbox"/> Educational Leave | <input type="checkbox"/> Family Medical Leave Act* | <input type="checkbox"/> Other |

Reason for Request: _____

During this leave of absence, I would like to use the following benefits in accordance with School Board Policy, P-15:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Personal Leave (Instructional personnel, excluding teacher assistants) |
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Extended Sick Leave (Instructional personnel, excluding teacher assistants) |

Special requests can be made to the Superintendent/Designee for the donation of Voluntary Shared Leave if the **employee**, as a result of a serious medical condition of self or his/her immediate family, faces a prolonged absence or frequent absences from work, resulting in a potential financial hardship for the employee.

IMPORTANT INFORMATION FOR:

Licensed Personnel: I understand that for the purpose of computing time (experience-on payroll; tenure-physically at work) as a probationary teacher, I must work **not less than** 120 workdays as a full-time permanent employee in a normal school year. **All Personnel:** I understand that if I go off payroll, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as hospitalization, dental and cancer insurance, loan payments, etc. I will make arrangements with the Finance Office to maintain coverage and forward payments. State reporting procedures require an employee on "12 month installment pay" to be paid for the lump sum of earned pay upon taking a leave of absence without pay and be returned to normal 10 month pay status upon returning from leave. **ABC Bonus pay will be calculated for time on payroll only.**

Employee's Signature

Date

Human Resource Director

Date

*According to the "Family and Medical Leave Act," employees who are taking sick, annual, personal, extended sick leave, or leave without pay because of personal illness, birth of a child, placement of an adopted or foster child, or to take care of an ill child, spouse, or parent are eligible for up to 12 workweeks or 60 days of leave. During those 12 workweeks or 60 days, the employee's employer portion of the NC State Health Plan insurance premium will be paid by the Haywood County Schools. To be eligible for FMLA the employee must have been employed by Haywood County Schools for at least one year full time and have worked at least 1250 hours during the previous 12 months. The employee must also return to work at the end of his/her approved leave.

The employee will be responsible for any amount of insurance premium deducted from his/her check for employee's coverage, spouse's and/or children's hospitalization insurance and/or any other payroll deductions that are normally deducted from payroll. **If at the end of the 12 workweek period the employee does not return to work, the employee could also be responsible for the employer portion of the NC State Health Plan insurance premium paid on their behalf by Haywood County Schools.**