



### Request for Leave of Absence

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

School/Department: \_\_\_\_\_ Position/Grade/Subject: \_\_\_\_\_

**EMPLOYEE MUST NOTIFY HR WHEN GOING OUT AND RETURNING TO CURRENT POSITION. A DOCTOR'S NOTE (FEDERAL FMLA FORM) MUST BE INCLUDED WITH THE REQUEST FORM AND A DOCTOR'S RELEASE UPON RETURN.**

### Employee's Statement

I am requesting a leave of absence for the following length of time:

\_\_\_\_\_ Date Leave Should Begin

\_\_\_\_\_ Date Leave Should End

Type of leave requested (check one)

Parental Leave (Birth or adoption)\*

Medical\*

Other

Educational Leave

Military

Reason for Request: \_\_\_\_\_

During this leave of absence, I would like to use the following benefits in accordance with State Board of Education Guidelines:

Sick Leave

Personal Leave (Available for classroom teachers only)

Bonus Leave

Annual Leave

Extended Sick Leave (Available for classroom teachers only)

Special requests can be made to the Superintendent for 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:

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 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Department

\_\_\_\_\_  
Date

\*According to the "Family and Medical Leave Act," employees who are taking sick, annual, personal, or extended sick leave, or leave without pay because of personal illness, birth of a child, or placement of an adopted or foster child, or to take care of an ill child, spouse, or parent are eligible for up to 12 work weeks of leave. During those 12 workweeks, the employee's hospitalization insurance premium will be paid by the Mooresville Graded School District at the same level as was provided preceding the FMLA Leave. The only stipulation is that the employee must have been employed by the Mooresville Graded School District for at least 12 months 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 is still responsible for any amount of insurance premium that is normally deducted from his/her check for spouse's and/or children's hospitalization insurance. At the end of the 12 work-week period, the employee will also be responsible for the employee's insurance premium.