

REQUEST FOR LEAVE OF ABSENCE

(Form A)

Staff Member Completes Sections 1 and 2
Supervisor/Manager/Department HR Completes Section 3

The Leave of Absence Request form is completed by the employee requesting a leave of absence and submitted to the school administrator or program director.

This form is to be maintained in a confidential file in the HR office.

Section 1: PERSONAL INFORMATION (Staff Member completes Sections 1 and 2 and returns completed form to Supervisor/Manager)		
Employee Name:		Employee ID:
Home Address:	Contact Phone:	Work Location/ Job Title:
Signature & Date:	E-mail:	Hire Date:
Section 2: STAFF MEMBER: Check the type of leave and provide documentation as indicated below.		
I request that my leave begin on _____ and end on _____. (If necessary, give approximate dates.)		
Family Medical Leaves		<<REQUIRED SUPPORTING DOCUMENTATION - Must be returned within 15 days>>
<input type="checkbox"/> Employee Illness	Certification of Health Care Provider for Employee's Serious Health Condition	
<input type="checkbox"/> Child/Parent/Spouse Illness	Certification of Health Care Provider for Family Member's Serious Health Condition	
<input type="checkbox"/> Maternity	Certificate of Health Care Provider	
<input type="checkbox"/> Paternity (Must be taken within one year of birth)	Certificate of Health Care Provider	
<input type="checkbox"/> Adoption/Placement of Foster Child (Must be taken within one year of placement)	Letter of Placement	
<input type="checkbox"/> Military Caregiver	WH-385 Certification for Serious Injury or Illness of Covered Servicemember	
<input type="checkbox"/> Military Exigency	WH-384 Certification of Qualifying Exigency For Military Family Leave	
Personal Leaves (not FMLA eligible or not FMLA related)		
<input type="checkbox"/> Educational	Letter of Acceptance from Educational Institution	
<input type="checkbox"/> Medical (non-FMLA) (Only available for staff member's own illness/injury)	Certification from Health Care Provider (Must include date condition began, probable duration, facts regarding staff member's medical condition and inability to work)	
<input type="checkbox"/> Military (non-FMLA)	Department of Defense Orders	
<input type="checkbox"/> Maternity (not eligible for FMLA)	Certification from Health Care Provider (including expected delivery date)	
<input type="checkbox"/> Other Personal	Explanation of Request	
Section 3: SUPERVISOR/MANAGER/DEPARTMENT HR: Complete this section		
Name (Print):		
Signature:	Date:	
Name(s) and E-mail(s) of any others to receive Determination Form:		
Check entity where Staff Member is employed:		
<input type="checkbox"/> AES- Altamaha Elementary School	<input type="checkbox"/> Maintenance Operations	
<input type="checkbox"/> ACES- Appling County Elementary School	<input type="checkbox"/> School Food Service & Nutrition	
<input type="checkbox"/> ACPS- Appling County Primary School	<input type="checkbox"/> Transportation Operations	
<input type="checkbox"/> FDES- Fourth District Elementary School	<input type="checkbox"/> Central Office	
<input type="checkbox"/> ACMS- Appling County Middle School		
<input type="checkbox"/> ACHS- Appling County High School		
Section 4: Human Resources: Complete this section		
If this leave is for a Family Medical Leave:		
(1) Has Staff Member had absences counted towards FMLA entitlement in the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, provide dates/hours which have already been applied towards FMLA, along with supporting documentation Dates: From _____ to _____ Total hours of FMLA utilized during the past 12 months: _____		
(2) If approved, will this leave be taken on an intermittent basis? <input type="checkbox"/> YES <input type="checkbox"/> NO (Not available for adoption, placement in foster care or Paternity leave; only available for maternity leave if medically necessary)		
(3) Leave dates approved by Approval Determination Form From _____ To _____		