

**Short Term (6+ Consecutive Days) Leave of Absence Request Form**

R-7/17

In order to determine Family and Medical Leave status and to protect your benefits, it is necessary that employees file this form prior to absence unless there is an emergency.

**A leave of absence requires a physician's statement not to work and a separate release to return to work. The physician's statement must specify beginning/ending dates of absence.**

Employee Name: _____	
Complete Mailing Address: _____ _____	
Phone # _____	
Social Security Number (last four digits): <u>***-**-_____</u>	Employee ID #: _____
School/Worksite: _____	Position: _____
Teaching Subject: _____	

DATES OF ABSENCE: Starting on \_\_\_\_\_ Ending on \_\_\_\_\_ Return to work on \_\_\_\_\_

REASON FOR ABSENCE: Check one: (Please read statement above regarding a doctor's statement.)

Medical Leave

Maternity\*, Paternity\*, or Adoption\* of child/foster child

Caregiver – providing care to eligible relative

Other - specify : \_\_\_\_\_

LEAVE OPTIONS: Check all that apply:

Sick leave \_\_\_\_\_ Number of days to be used

Personal leave \_\_\_\_\_ Number of days to be used

Vacation leave \_\_\_\_\_ Number of days to be used

Without Pay\*\* \_\_\_\_\_ Number of days\*\*

\*In accordance with HCS Board Policy 03.1233 or 03.2233, "an employee may use up to thirty (30) days of sick leave within the first six weeks immediately following the birth or adoption of a child or children. Additional sick leave days may be used when the need is verified by a physician's statement." **You must notify the Human Resources Office of the date of birth for attendance and insurance purposes within 30 days.** Prior to returning to work, the employee must present a **physician's statement/release** to return to employment (excluding adoption and paternity).

\*\* This option is available only when all available sick/personal leave has been exhausted. After an employee begins a leave of absence, s/he is ineligible to earn further sick leave until returning to work. Sick leave benefits are not lost if one takes an approved leave of absence.

I am requesting a short-term leave of absence as indicated in the sections above. I understand that I cannot return prior to the ending date for a leave that I have requested unless this request has been revised through the Human Resources Office. If for some reason I am not able to return as early as my listed ending date, I will work with my principal/supervisor to determine the time I shall return and notify the Human Resources Office of same. I will submit all required physician's statements prior to or upon returning to work.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Date \_\_\_ Approved \_\_\_ Disapproved

*Send this request to the Hardin County Schools' Human Resources Office.  
Notification will be mailed when the request has been approved or disapproved.*