

Bladen County Schools
Leave of Absence Request

An employee requesting a **leave of absence of greater than 5 consecutive school days** is required to complete this form and submit a copy to the Human Resources Department to be approved by the Board of Education. A physician's statement is required for all medical leaves of absence. Should an emergency situation occur an immediate family member should complete the request form and submit to the Human Resources Department.

All eligible employees will be provided leave as required by the federal Family and Medical Leave Act of 1993 (FMLA), as amended, and applicable state laws and State Board of Education policies. The FMLA allows eligible employees to take job-protected, unpaid leave, or to substitute appropriate paid leave if the employee has earned or accrued it, for up to a total of 12 workweeks (or 26 workweeks in certain cases) in any 12-month period for certain qualifying conditions or events. The employee may continue to participate in the school system's group insurance plan while on FMLA leave.

Employee Name: _____ Social Security # _____

School: _____ Position: _____

Mailing Address: _____

Request a Leave of Absence due to:

- _____ Family Medical Leave (FMLA) Doctor's note is required for absent greater than 5 days
- _____ Worker's Compensation
- _____ Educational/Professional
- _____ Military
- _____ Other (please specify): _____

Length of Leave:

Beginning Date of Leave: _____ Ending Date of Leave: _____
(Dates may be approximate if exact date is unknown)

I wish to use the following type(s) of leave:

- _____ Accumulated Sick Leave
- _____ 20-day Extended Sick Leave (Certified Instructional Personnel)*
- _____ Accumulated Annual Leave
- _____ Personnel Leave (Certified Instructional Personnel)*
- _____ Accumulated Miscellaneous Bonus Leave
- _____ Leave Without Pay
- _____ Military Leave

(* A deduction of \$50.00 per day will be taken from the employee's gross monthly salary)

_____ Will accept Donated Leave

Contact the Payroll Department before leave begins to confirm the amount of available leave and continuation of benefits and voluntary deductions while on leave.

Employee's Signature

Date

Principal's/Supervisor's Signature

Date