



Administration Office

615 Edmond Rd NW
Piedmont, OK 73078

 **405.373.2311**

 **piedmontschools.org**

Request for Leave of Absence

NAME: _____ **DATE:** _____

EIN#: _____ **HIRE DATE:** _____

SCHOOL SITE: _____ **POSITION:** _____ **DEPT:** _____

Do you take health insurance?

YES

NO

(If yes, contact Human Resources at employment@piedmontschools.org)

Do you wish to continue paying for your salary protection while on Leave of Absence?

YES

NO

(If yes, contact American Fidelity Representative Danielle Callahan at (405) 416-8812 regarding your Salary Protection and other Fringe benefits during your leave of absence.)

EMPLOYEE SIGNATURE

EMPLOYEE TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

SUPERVISOR SIGNATURE

DATE

EMPLOYEE NAME: _____ **SITE:** _____

You are advised that your request for leave of absence was received in the office of Human Resources on: _____

Your request is: APPROVED DENIED

Patricia Balenseifen
Chief Officer of Human Resources
Piedmont Public Schools

DATE