

LAURENS COUNTY BOARD OF EDUCATION
EXTENDED LEAVE FORM

This form is furnished in accordance with the policy of the Laurens County Board of Education. It must be completed and turned into HR before leave will be granted.

Employee Name:	Employee ID:	
Job Title:	Supervisor:	
Location:		

SELECT TYPE(S) OF LEAVE YOU ARE REQUESTING

LEAVE TYPE	EXPECTED BEGIN DATE	EXPECTED END DATE	DAYS
<input type="checkbox"/> Parental Leave	____/____/____	____/____/____	_____
<input type="checkbox"/> Maternity Leave	____/____/____	____/____/____	_____
<input type="checkbox"/> FMLA LEAVE	____/____/____	____/____/____	_____

SELECT QUALIFYING EVENT(S)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> birth of a child
<input type="checkbox"/> to care for newborn child
<input type="checkbox"/> my serious health condition | <input type="checkbox"/> placement of a minor child with me for adoption or foster care
<input type="checkbox"/> to care for family member with a serious health condition
<input type="checkbox"/> OTHER _____ |
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By my signature on this form, I attest to the qualifying event(s) indicated above. Documentation of the qualifying event is attached if applicable. I understand that all leave for which I may be eligible shall run concurrently with FMLA. I also understand that return to my former position or equivalent position with the same pay and grade, benefits, and comparable working conditions is contingent upon compliance with the terms of the approved leave. I also understand that, if I do not meet the eligibility requirements, I will be notified by Human Resources within 5 business days of receipt of this request.

EMPLOYEE SIGNATURE	____/____/____ DATE
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SUPERVISOR SIGNATURE	____/____/____ DATE
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HR SIGNATURE	____/____/____ DATE
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NOTIFIED EMPLOYEE <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	____/____/____
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