

**CRAVEN COUNTY SCHOOLS  
REQUEST FOR LEAVE OF ABSENCE**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Telephone Number (Home) \_\_\_\_\_  
Home Address \_\_\_\_\_  
School/Department \_\_\_\_\_ Position \_\_\_\_\_

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**Employee Information**

I am requesting a leave of absence for the following length of time:

\_\_\_\_\_  
**Date Leave Should Begin**

\_\_\_\_\_  
**Date of Return to Work**

Type of leave requested: (Check one.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Parental Leave (Birth or adoption) | <input type="checkbox"/> Medical Leave* | <input type="checkbox"/> Family Medical Leave |
| <input type="checkbox"/> Educational Leave                  | <input type="checkbox"/> Military Leave | <input type="checkbox"/> Other                |

Reason for Request \_\_\_\_\_

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**\*A DOCTOR'S STATEMENT MUST BE ATTACHED TO THIS REQUEST FOR MEDICAL/PARENTAL LEAVE ONLY BEFORE SUBMITTING TO HUMAN RESOURCE SERVICES.**

During my absence, I would like to use the following leave:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sick Leave          | <input type="checkbox"/> Annual Leave   | <input type="checkbox"/> Extended Sick Leave |
| <input type="checkbox"/> Paid Parental Leave | <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Leave Without Pay   |

Special requests can be made to receive **Voluntary Shared Leave** if the employee, because of a serious medical condition of self or his/her immediate family, faces a prolonged absence or frequent absences from work, resulting in a potential financial hardship for the employee. **NOTE:** The **Voluntary Shared Leave Application for Participation** must be completed and submitted to Human Resource Services along with a doctor's statement.

**IMPORTANT INFORMATION**

I understand that if I go off payroll, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as health, dental and cancer insurance, loan payments, etc. I will make arrangements with the Business Office to maintain coverage and forward payments. State reporting procedures require an employee on "12-month installments" to be paid his/her lump sum of earned pay upon taking a leave of absence without pay and be returned to normal 10-month pay status upon returning from leave.

_____ Employee's Signature	_____ Date	_____ Human Resource Services	_____ Date
_____ Principal's Signature	_____ Date		