



REQUEST FOR EXTENDED LEAVE

Please return form to **Natasha Montgomery** in Human Resources

Phone: 843-488-6559 Fax: 843-488-7754 Email: nmontgomery@horrycountyschools.net

Employee Information	
Employee Name:	
Employee ID Number:	
School Location:	
Position:	

Leave Information	
Leave Beginning:	
Leave Ending:	

Type of Leave Requested	
<input type="checkbox"/> Personal Illness	All sick and personal days will automatically be used while on leave. A medical certification statement must be submitted within 15 days.
<input type="checkbox"/> Family Illness	All sick and personal days will automatically be used while on leave. A medical certification statement for a family illness must be submitted within 15 days.
<input type="checkbox"/> Maternity/Paternity	All sick and personal days will automatically be used while on leave.
<input type="checkbox"/> Bereavement	You may use up to 10 days of sick, personal, and or annual leave.
<input type="checkbox"/> Other	

Conditions Extended Leave (Please read carefully before submitting application)	
1.	<u>Unpaid</u> leave cannot extend past the end of the fiscal year or for more than one full year, whichever comes first.
2.	Information submitted by an employee in support of his/her request for leave shall be verified at the discretion of the administration.
3.	Employee shall receive no salary (unless employee has leave time available), fringe benefits, or experience credit for the period of the leave.
4.	Employees taking approved extended or unpaid leave will be returned to a comparable position, if available.
5.	Employees on unpaid leave must continue to pay his/her portions of all insurance premiums. In some cases you may be able to make payment arrangements. Please contact Hope King-Randall at 488-6559 to request payment arrangements for insurance premiums.

<i>I have read and understand the conditions listed above.</i>	
Employee Signature:	Date
Supervisor/Principal Signature:	Date:
HR Approval Signature:	Date:

For Human Resource Office Use Only:			
<input type="checkbox"/> New Request	<input type="checkbox"/> Non-Medical	<input type="checkbox"/> Exhausted all SLB/FMLA Leave	<input type="checkbox"/> Part-time – ineligible for FMLA/SLB
<input type="checkbox"/> Paid Leave:	This employee has _____ days available. Their last day on leave is _____.		
<input type="checkbox"/> Unpaid Leave:	This type of leave does not allow use of sick leave or employee does not have any leave available.		