

**ROBERTSON COUNTY SCHOOLS
CERTIFIED EMPLOYEE LONG TERM LEAVE OF ABSENCE FORM**

This form must be used by any certified employee requesting a long term leave of absence for twenty (20) or more consecutive work days due to a qualifying event. All long term leaves of absence must be approved by the Director of Schools. When the need for leave is foreseeable, employees should notify Human Resources at least 30 days in advance. If unable to provide a 30 day notification due to unforeseen circumstances, the employee should notify Human Resources as soon as possible and practical. Annette Weeks is the primary contact for certified employees.

Employee Name (Print): _____

Last Four Digits of SS#: _____

Phone Number: _____ Email: _____

Home Address: _____

School: _____ Position: _____ Grade/Subject: _____

Leave Beginning Date (required): _____ Leave Ending Date (required): _____

Total # of Days Off Work: _____

Reason for Leave:

I request a long term leave of absence for the following reason/s:

- to care for my child after birth, or placement for adoption or foster care.
- for visitation of a spouse, son or daughter, or parent granted rest and recuperation leave following a military deployment.
- for recuperation of health.
- for military service.
- for legislative service.
- Other (please describe): _____

***Interaction with FMLA Leave:** Any long term leave of absence runs concurrently with the employee's FMLA entitlement. When the employee's entitlement to FMLA leave is exhausted, the employee will be responsible for the entire amount of their medical insurance premium. Employees not eligible for FMLA Leave will be responsible for their insurance premium as soon as all accrued leave is exhausted. The employee taking leave is responsible to contact Tamica Harrison at the Robertson County Finance Office (615-384-0202) to make arrangements for payment of medical insurance premiums.*

Professional Development:

- I intend to complete/or have completed 30 hours of professional development per my 200 day contract for this school year.
- I plan to complete the following number of professional development hours: _____
- I do not intend to complete 30 hours of professional development per my 200 day contract for this school year.

Statement of Intent:

I certify that I intend to return to work in my current position or a comparable position with Robertson County Schools upon the expiration of my leave. If circumstances change and I decide to end my employment with Robertson County Schools, I understand that I am required to submit a resignation form to Human Resources a minimum of 30 days in advance of my expected return.

Employee

Date

Principal/Supervisor

Date

Payroll Department:

Employment Date: _____

Leave Days Available for Use for Leave of Absence as of Last Pay Period (Month/Day/Year) _____:

Sick Days: _____ Vacation Days: _____ Personal Days: _____ per Sheila Clinard on _____ (Month/Day/Year).

Human Resources:

Employee is eligible for leave beginning _____ and ending _____. Employee is NOT eligible for leave.

Human Resources Signature

Date

APPROVAL STATUS:

Leave Request is Approved

Leave Request is Not Approved

Director of Schools/Designee

Date