

ORANGEBURG COUNTY SCHOOL DISTRICT
102 FOUNDERS COURT
ORANGEBURG, SOUTH CAROLINA 29118

REQUEST FOR LEAVE OF ABSENCE
(LONGER THAN FIVE (5) DAYS)

DATE: _____

EMPLOYEE: _____
(Please print)

SCHOOL: _____

Having determined that it will be necessary for me to be absent for a period longer than three days, I would hereby like to request a Leave of Absence to begin

_____ and end _____

My reason for requesting this Leave of Absence is:

(THIS FORM, AND IF NECESSARY A STATEMENT FROM A PHYSICIAN VERIFYING REQUESTED LEAVE, IS TO BE FORWARDED TO HUMAN RESOURCES AS SOON AS IT IS DETERMINED THAT YOU WILL BE ABSENT.)

Date Employee's Signature

Date Principal/Director's Signature

Date Certified Director's Signature or Classified Director's Signature

Date Superintendent's Signature

**Orangeburg County School District
Family and Medical Leave Act (FMLA)
Request Form**

Instructions: This should be completed by the employee or (in the employee's absence) by the supervisor or human resource department based on information received from the employee.

EMPLOYEE INFORMATION:

Name: _____ Social Security Number: _____

Address: _____

DATES OF LEAVE AND NOTIFICATION:

Anticipated Starting Date for Leave: _____ Anticipated Ending Date of Leave: _____

Was the employer notified about the leave at an earlier date? _____ Yes _____ No

If yes, date of earlier notification: _____ Who was Notified: _____

Has 30 days advance notice of leave been given? _____ Yes _____ No

If no, explanation for delay in providing notice to employer: _____

PURPOSE OF LEAVE REQUEST:

_____ The birth of a child, or placement of a child with you for adoption or foster care.

_____ Your own serious health condition

_____ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious condition

_____ Because you are the _____ spouse; _____ son/daughter; _____ parent; _____ next of kin of covered service member with a serious injury or illness

TYPE OF ACCRUED LEAVE REQUESTED:

_____ Paid Vacation _____ Paid Sick Leave _____ Paid Personal Leave _____ Unpaid FMLA _____ Other

INTENTION TO RETURN TO WORK WHEN FMLA ENDS (UPON APPROVAL):

_____ I will not be returning to work at Orangeburg County School District.

_____ I intend to return to work at Orangeburg County School District.

CERTIFICATION:

I certify that the above information is true and correct to the best of my knowledge. I understand that any intentional misrepresentation concerning the above facts can result in termination of employment.

Signature of Employee or Employee's Representative:

Date: