

GRANVILLE COUNTY SCHOOLS

Request for Leave of Absence (required for missing 5 or more consecutive days of work)

Name: _____ Date of Request: _____

SSN (Last 4 Digits): _____ Phone Number: (Work) _____ (Home or Cell) _____

Home Address: _____

School/Department: _____ Position/Grade/Subject: _____

Employee's Statement

I am requesting an Absence for the following length of time:

Beginning Date (First day out of work): _____ **Ending Date** (Last day out of work): _____

Type of Leave Requested (check one):

☐ Maternity/Parental Leave, PPL (Birth or adoption) *

☐ Medical Leave*

☐ Educational Leave

☐ Leave Without Pay

☐ Other _____

Reason for Request: _____

During this leave of absence, I would like to use the following benefits in accordance with State Board of Education Guidelines:

☐ PPL ☐ Sick Leave ☐ Annual Leave ☐ Personal Leave (Available for classroom teachers) ☐ Comp Time

☐ Extended Sick Leave (Available only for classroom teachers and media coordinators who require a substitute – up to 20 days at the cost of \$50 per day). **Requests for Extended Sick Leave must be approved by the GCPS Board of Education before leave can be granted.** Extended Sick Leave is for your own personal illness or injury, and all available accumulated paid leave must be exhausted.

Special requests can be made for Voluntary Shared Leave if the employee, as a result 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. See Application to Participate on the Granville County Schools website. All available accumulated paid leave must be exhausted.

IMPORTANT INFORMATION FOR:

Licensed Personnel: I understand that for the purpose of computing time as a probationary teacher, I must work **not less than** 120 workdays as a full-time permanent employee in a normal school year. **All Personnel:** I understand that if I go into leave without pay status, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as hospitalization, dental, vision, and cancer insurance, loan payments, etc. I will make arrangements with the Payroll Department to maintain coverage and forward payments.

Employee's Signature _____ Date _____

Principal/Director Signature _____ Date _____

*According to the "Family and Medical Leave Act", employees who are taking sick, annual, personal, or extended sick leave, or leave without pay because of personal illness, birth of a child, or placement of an adopted or foster child, or to take care of an ill child, spouse, or parent are eligible for up to 12 workweeks of leave. During those 12 workweeks, the employee's employer-paid hospitalization insurance premium will be paid by the Granville County School System. The only stipulation is that the employee must have been employed by the Granville County School System for at least one-year full time and have worked at least 1,250 hours during the previous 12 months. The employee must also return to work at the end of his/her approved leave. A doctor's note must be attached to this form (in the case of maternity leave, a doctor's note with the anticipated due date is necessary, and upon delivery, a doctor's note confirming date of delivery and the date when employee is medically able to return to work).

The employee is still responsible for any amount of insurance premium that is normally deducted from his/her check for spouse's and/or children's hospitalization insurance. At the end of the 12 workweek period, the employee will also be responsible for the employee's insurance premium.