



NASH COUNTY PUBLIC SCHOOLS

Request for Leave of Absence

The employee must complete this form and attach appropriate documentation for the type of leave requested. Human Resources must receive this form and documentation to process the leave request for approval or denial.

Name _____ SSN xxx- _____ Date of Request _____

School/Dept _____ Position _____

Home Address _____ Telephone (Home/Cell) _____

_____ Telephone (Work) _____

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

Date Leave Should Begin _____ Date Leave Should End (last day) _____

Type of Leave Requested: (check one)

- ☐ Parental Leave (Birth or Adoption) * Due Date _____
- ☐ Medical Leave for Self *
- ☐ Medical Leave to be Caregiver due to Illness of Spouse, Child, or Parent * Indicate Family Member _____
- ☐ Educational Leave
- ☐ Military Leave
- ☐ Other

* The Family Medical Leave Act (FMLA) provides eligible employees with up to 12 workweeks of leave annually (paid or unpaid) due to serious personal illness, birth of a child, or placement of an adopted or foster child, or to be the caregiver of an ill child, spouse, or parent.

During those 12 work weeks, the state portion of the employee's hospitalization insurance premium will continue to be paid by Nash County Public Schools. To be eligible for this FMLA benefit, the employee must be employed for at least one year with NRMPs and have worked at least 1250 hours during the previous 12 months. The employee must also return to work at the end of his/her approved leave.

Reason for Request: _____

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

- ☐ Sick Leave
- ☐ Annual Leave
- ☐ Personal Leave (classroom teachers only)
- ☐ Extended Sick Leave (classroom teachers only)
- ☐ Without Pay

Special requests can be made for the donation of Voluntary Shared Leave if the employee, as a result of 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. VSL can only be used after sick, annual, and bonus leave have been exhausted.

Please ask Human Resources for an application if you are interested in receiving Voluntary Shared Leave, if eligible.

PAYROLL/BENEFITS: I understand that if I go off of payroll, I am responsible for all miscellaneous deductions that are normally made through payroll deduction, including premiums for health insurance, dental, vision, cancer insurances, etc. and will make arrangements with the benefit specialist to maintain coverage and forward payments. I will likewise make arrangements for other payroll deductions for loan payments, etc., with respectful vendors. State reporting procedures require a 10-month employee on "12-month installment pay" to be paid the lump sum of earned pay upon taking a leave of absence without pay and be returned to a normal 10-month pay status upon returning from leave. Employees cannot seek employment while on a leave of absence.

PROBATIONARY TEACHERS: I understand that for the purpose of receiving credit for a year served as a probationary teacher, I must work at least 120 workdays as a full-time permanent employee in a normal school year.

RETURN TO WORK: If the leave is medical (due to employee's personal illness) a medical note of release to return to work from the attending physician must be submitted to Human Resources prior to returning to work.

Employee's Signature

Date

Principal / Supervisor's Signature

Date