

**PAMLICO COUNTY SCHOOLS
REQUEST FOR LEAVE OF ABSENCE**

Name _____ Date of Request _____
Social Security Number _____ Telephone Number (Home) _____
Home Address _____
School/Department _____ Position _____

Employee Information

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

Date Leave Should Begin

Date of Return to Work

Type of leave requested: (Check one.)

☐ Parental Leave (Birth or adoption)*	☐ Medical Leave*	☐ Family Medical Leave*
☐ Educational Leave	☐ Military Leave	☐ Other

Reason for Request _____

***A DOCTOR'S STATEMENT MUST BE ATTACHED TO THIS REQUEST FOR MEDICAL/PARENTAL LEAVE ONLY BEFORE SUBMITTING TO HUMAN RESOURCES.**

During my absence, I would like to use the following leave:

☐ Sick Leave	☐ Annual Leave	☐ Extended Sick Leave	☐ State Paid Parental Leave
☐ Bonus Leave	☐ Personal Leave	☐ Leave without pay	☐ Voluntary Shared Leave

Special requests can be made to receive **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. **NOTE:** The **Voluntary Shared Leave Application for Participation** must be completed and submitted to Human Resources along with a doctor's statement.

IMPORTANT INFORMATION

I understand that if I go off payroll, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as health, dental and cancer insurance, loan payments, etc. I will make arrangements with the Business Office to maintain coverage and forward payments.

Employee's Signature Date

Human Resources Date

Principal/Supervisor Signature Date