ALBERTVILLE CITY SCHOOL SYSTEM

Leave of Absence Application

Employee Name

Employee Number

Anticipated Beginning

Anticipated Ending

Select all that applies:

☐ I am requesting FMLA

☐ Medical with no leave (unpaid pro-rated)

☐ Medical with leave to cover: ____SICK ____PERSONAL ____VACATION

☐ Medical requesting Sick Leave Bank Donations

☐ I understand that any negative SLB balance at the end of my employment will be deducted from my last check at my daily rate.

☐ Paid Parental Leave:

☐ Female: Birth, Stillbirth, Miscarriage 8 weeks

☐ Male: Birth, Stillbirth, Miscarriage 2 weeks

☐ Adoption : child<3: 8 weeks primary parent, 2 weeks secondary parent

☐ Paid Parental Leave return to work agreement: I agree to return to work for a minimum of 8 weeks after returning from Paid Parental Leave. I understand that failure to do so will result in salary funds being owed back to ACS.

Family Pkt

Employee Pkt

FMLA Fact Sheet

A medical release form must be completed and submitted prior to returning to work per Board Policy 5.9.3. A release is not required for normal pregnancy and delivery.

Medical Release

HR Use:

FMLA Eligibile (12 months w our system)

☐ Yes ☐ No

Paid Parental Eligible (12 months w any system)

☐ Yes ☐ No

Verified SLB Member

☐ Yes ☐ No

☐ Notified BK Staff

☐ Completed Leave Sheet