

## Leave of Absence Request (LOA)

### Employee Information

Employee Name: \_\_\_\_\_  
 School Site: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Hire Date (MM/DD/YYYY): \_\_\_\_\_  
 Date Leave Begins (MM/DD/YYYY): \_\_\_\_\_  
 Date of Return (MM/DD/YYYY): \_\_\_\_\_

*I acknowledge that this Leave of Absence is not for the purpose of accepting other employment, and that the duration of the leave may not exceed one (1) school year.*

### Reason for Leave

\_\_\_\_\_  
 \_\_\_\_\_

### Insurance Information

Do you have insurance through Piedmont Public Schools?  Yes  No

If you are enrolled in district-provided insurance, you may elect to discontinue coverage or continue coverage by paying premiums directly to EGID.

Insurance Election During Leave:

- Discontinue coverage  
 Continue coverage and pay premiums directly to EGID

### Voluntary Deductions — American Fidelity

Do you have any voluntary deductions through American Fidelity?  Yes  No

If yes, contact Matthew Loftis at 580-248-0011 or matthew.loftis@americanfidelity.com.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Human Resources Office Use Only

Date Received: \_\_\_\_\_

**Status:**  **Approved**  **Denied**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patricia Balenseifen**

Chief Officer of Human Resources