



Alexander County Schools

700 Liledoun Road
TAYLORSVILLE, NORTH CAROLINA 28681

ACS LEAVE OF ABSENCE REQUEST

Any Absence of five (5) days or more must be processed as a request for leave.

The ACS Leave Request Form must be completed and sent to the **Human Resources Department**.

Name: _____

Position(s): _____

School or Department: _____

Address: _____
Street City State Zip Code

There are 2 types of Leave Request, please check which applies:

Leave Request #1 - Requires a Doctor's Note and FMLA is requested:

Medical Leave- Employee's Own Serious Health Condition

Reason for Leave: _____

Worker's Comp: yes _____ no _____

Family Leave- To Care for a Family Member

Relationship of employee to family member: _____

Health Condition of family member: _____

Maternity Leave (Birth or Adoption)

Expected Due Date/Adoption Date: _____

Paternity Leave

Expected Due Date: _____

Disability Leave

Leave Request #2 -Requires Additional Information, but no FMLA is requested:

Military Leave: Please attach a copy of orders or supporting documentation.

Personal Leave: Please give Explanation: _____

Educational Leave: Please attach a Letter of Intent.

Medical: Please give Explanation: _____ (attach Dr.'s Note)

Other: Please give Explanation: _____

