UCPS
UNION COUNTY PUBLIC SCHOOLS
400 N Church St, Monroe, NC 28112 | Ph (704) 296-9898 Fax (704) 283-9834

REQUEST FOR LEAVE *Extension*

Required for leave requests that extend beyond your original return to work approval date.
This form must be completed and submitted to your supervisor for signature **BEFORE** forwarding to Benefits.

All information included on your leave request must be accurate. Misrepresentation may result in denial of leave and/or disciplinary action. *Please complete the entire leave extension request. Submitting an incomplete application may result in the denial of your leave extension.*

Last 4 of SSN: XXX-XX-_____ Employee Badge Number: _____

Legal Name: _____
Last First Middle

Address: _____
Street City State, Zip

Phone Number: (____) _____ Email address: _____

School/Department: _____ Position: _____

My first day out of work was: _____ **(Date Required)** I plan to return to work: _____ **(Date Required)**

Reason for extension:

☐ Due to my own serious medical condition

☐ Due to Maternity/Parental Leave

☐ Immediate family member with a serious medical condition:

Relationship of family member (e.g. parent, child, spouse): _____

If child, include age: _____

☐ Intermittent Leave beginning: _____

☐ Other: _____

During my leave, I would like to use the following benefits:
(in accordance with NC Department of Public Instruction and UCPS Board of Education guidelines)

☐ Sick Leave	☐ Annual Leave	☐ Bonus / Comp Leave
☐ Personal Leave	☐ Extended Sick Leave	☐ Voluntary Shared Leave* ***You must complete a separate application sent by your Payroll Specialist if applicable***

Revised 11/2024

Required Supporting Documentation

Medical Leave for Self or Immediate Family:
You will be required to provide Benefits with the necessary revised doctors' notes within 15 calendar days of submitting the leave extension if leave is due to the serious medical condition of yourself or an immediate family member.

Important Information

Licensed staff: Please contact your Licensure Specialist to determine how taking leave may affect your time for experience credit or beginning teacher credit.

Leave Status: If in ***paid status***, you will continue to accrue leave and your benefits will be payroll deducted. If in ***unpaid status***, you will not earn leave, you will not earn credit in the Retirement System, and you will be billed for your insurance premiums. Please contact your Payroll Specialist to discuss your available leave and if you may benefit from applying for Voluntary Shared Leave. If your request for extended leave is approved, you will be provided a revised leave calendar to outline how you will be paid during your extended time out.

Disability Income Plan of NC (DIPNC): If you believe your leave may extend past 60 calendar days, please contact your Benefits Coordinator. **Please note:** If you are filing a Colonial claim, your Payroll Specialist can complete the employer's section for you.

Insurance Premiums

Please contact the appropriate Finance Benefits Accountant to change or cancel your insurance coverage:

Insurance	Benefits Accountant	Contact Information
State Health Plan *Dental* *Vision*	Tammy Maske	tammy.maske@ucps.k12.nc.us (704) 296-5485
Flexible Spending *Colonial Products* *Group Term Life Insurance*	Kelly Poindexter	kelly.poindexter@ucps.k12.nc.us (704) 296-1013

Benefits cancelled during Family and/or Medical Leave will not be reinstated automatically. You must contact the Finance Benefits Accountant(s) within 30 days of returning to work for enrollment instructions.

Adding a Family Member: If you plan to add a family member, you must do this within 30 days of the qualifying event.

Unpaid Leave and Insurance Premiums: If your leave is unpaid, you will be responsible for all insurance premiums that are normally payroll deducted. A bill will be sent for each pay period a paycheck is not processed by the Payroll Department. If no payment is submitted, your insurance will lapse and cancel.

Please Note: for any unpaid leave that is not approved by FMLA or if your FMLA period has ended, you will also be responsible for the employer's cost of health insurance (**$742.04 per month**) and group term life insurance ($0.75 per month).

Family and/or Medical Leave Act (FMLA):

FMLA allows an employee to take up to 12 workweeks of job-protected leave due to a qualifying event (serious medical condition of self, serious medical condition of parent/spouse/child, birth of child, and adoption/fostering of child). I understand I must be employed with UCPS for at least 1 year and have worked 1,250 hours over the past 12 months in order to be eligible for FMLA.

I understand my leave will be preliminarily designated as FMLA in accordance with federal law. FMLA will begin with my first day of absence even if I have leave to cover my absence. Benefits will confirm my eligibility status once my application and supporting documentation has been submitted.

I have received and reviewed the Employee Rights and Responsibilities under the Family and/or Medical Leave Act: https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/fmlaen.pdf
I have read and understand the request for leave and FMLA information that has been provided to me.

_____	_____	_____
Employee's Printed Name	**Employee's Signature**	**Date**
_____	_____	_____
Supervisor's Printed Name	**Supervisor's Signature**	**Date**

Please submit completed application and supporting documents to:

Union County Public Schools
Attn: Benefits Coordinator
400 N. Church Street
Monroe, NC 28112
Fax: (704) 283-9834

District Office Use Only:

Your request for FMLA leave has been: ☐ Approved ☐ Denied **Return to work date:**_____

☐ **You are eligible for FMLA:** Your eligibility period begins: _____ to: _____

☐ **You are not eligible for FMLA due to**: _____

_____

_____

☐ **You are eligible for a Non-FMLA Medical leave of absence:** Beginning:_____ to: _____

NOTES: _____

_____

_____

Signature of approving officer: _____ Date: _____

Notification of FMLA Eligibility: _____ Date approval status mailed: _____