



Leave of Absence Approval Form
Athens City Board of Education

Employee: _____ Date: _____

School: _____ Position: _____

I hereby request leave from my official duties due to the following reason:

- ☐ Serious personal health condition
- ☐ Birth of my child; to care for my newborn child
- ☐ Placement of a child with me for ___ adoption or ___ foster care
- ☐ Leave to care for a family member with a serious health condition.
Relationship of family member to you: _____.
- ☐ Military Leave
- ☐ Other: _____

Leave to begin: _____ Leave expected to end: _____
Month Date Year Month Date Year

Family Medical Leave Act (FMLA) Overview

Upon receipt of this form, it will be determined if the request will be designated as *FMLA* or *Other Leave*.
To be eligible for Family and Medical Leave, an employee must have been employed with the Board for at least 12 months and have worked for at least 1,250 hours during the past 12 months

Family and Medical Leave may be requested only for the following reasons:

- a) Birth of a child
- b) Adoption or placement of a child
- c) Care of a sick spouse, child, or parent
- d) Serious health condition of an employee
- e) Special Military qualifying events

Use of Accrued Leave Days

Employees are required to use accrued sick leave, personal leave, or vacation leave during an approved FMLA/Other Leave event.

I would like to use the following accumulated leave as a part of my approved Family and Medical Leave:

- ☐ Sick Leave Number of Days to be used _____.
- ☐ Personal Leave Number of Days to be used _____.
- ☐ Vacation Days Number of Days to be used _____.
- ☐ Paid Parental Days Number of Days to be used _____.
- ☐ Unpaid Number of Days to be used _____.

My principal/supervisor is aware that I am requesting a Leave of Absence. ___ yes ___ no

I have read the ACS Family and Medical Leave Policy, filed as GALBEA, and I am making this request, being fully cognizant of its terms and conditions.

Employee Signature: _____ Date: _____

FMLA Approved _____ NON FMLA Leave Approved _____ Leave Request Denied _____

Superintendent's Signature: _____ Date: _____