

ASHE COUNTY SCHOOL SYSTEM

REQUEST FOR LEAVE OF ABSENCE (Policies 7510 and 7520)

Name _____ Date of Request _____

Telephone Number (Work) _____ (Home) _____

Home Address _____

School/Department _____ Position/Grade/Subject _____

Employee's Statement

I am requesting a _____ short-term leave of absence (6-10 days) or _____ long-term leave of absence (11+ days) for the following length of time:

_____ Date Leave Should Begin

_____ Date Leave Should End

_____ Request to extend approved medical leave through _____
Date

Type of leave requested (check one)

_____ Parental Leave (birth or adoption)*

_____ Medical Leave*

_____ Educational Leave

_____ Other, specify _____

Reason for Request _____

During this leave of absence, I would like to use the following benefits in accordance with State Board of Education Guidelines:

_____ Sick Leave

_____ Personal Leave (available for classroom teachers only)

_____ Bonus Leave

_____ Annual Leave

_____ Extended Sick Leave (available for classroom teachers only)

_____ Leave Without Pay

_____ Comp Days (attach verification of number of days available from your supervisor)

_____ Paid Parent Leave

Special requests can be made to the Superintendent for the donation of Voluntary Shared Leave if the **employee**, as a result of a serious medical condition of self or his/her immediate family, faces a prolonged absence or frequent absences from work, resulting in a potential financial hardship for the employee.

Licensed Personnel: I understand that for the purpose of computing time as a probationary teacher, I must work not less than 120 workdays as a full-time permanent employee in a normal school year.

All Personnel: I understand that if I go off payroll, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as hospitalization, dental and cancer insurance, loan payments, etc. I will make arrangements with the Finance Office to maintain coverage and forward payments.

Employee's Signature

Date

Personnel Department

Date

Supervisor Signature

Date

For approval of short-term leaves of absence only (6-10 days)***Office Use Only – FMLA Eligibility***

* According to the *Family and Medical Leave Act*, employees who are taking sick, annual, personal, or extended sick leave, or leave without pay because of personal illness, birth of a child, or placement of an adopted or foster child, or to take care of an ill child, spouse, or parent are eligible for up to 12 workweeks of leave. During those 12 workweeks, the employer's share of the employee's hospitalization insurance premium will be paid by the Ashe County School System. To be eligible for FMLA leave, the employee must have been employed by the Ashe County School System for at least one year full time and have worked at least 1250 hours during the previous 12 months. The employee must also return to work at the end of his/her approved leave. The employee is still responsible for any amount of insurance premium that is normally deducted from his/her check for his/her own hospitalization insurance and for spouse's and/or children's hospitalization insurance. At the end of the 12 workweek period, the employee will also be responsible for the employee's insurance premium. Please see Procedures for Policies 7510 and/or 7520.

NOTE: For Medical Leave or Leave for Birth of a Child, attach Certification of Health Care Provider (NCDOL Form WH-380).