

WILSON COUNTY SCHOOLS REQUEST FOR LEAVE OF ABSENCE

Name: _____ Date of Request: _____

Social Security: _____ - _____ - _____ Telephone (Wk): _____ (Home): _____

Home Address: _____

School/Department: _____ Position/Grade/Subject: _____

EMPLOYEE'S STATEMENT

I am requesting a leave of absence for the following length of time:

Date Leave Should Begin

Date Leave Should End

Type of Leave Requested (check one):

* Educational Leave

* Medical Leave

Family Leave

Other

Explanation of Request:

An employee may submit a special request to the Voluntary Shared Leave Review Committee for the donation of Voluntary Shared Leave if the employee faces prolonged or frequent absence from work that will likely result in financial hardship for the employee. The employee's absence must be due to a serious medical condition of the employee or his/her immediate family.

IMPORTANT INFORMATION FOR:

All personnel: I understand if I go off the payroll, I am responsible for all miscellaneous deductions made through payroll deductions, including such items as hospital/medical, dental, and cancer insurance, loan payments, etc. I will make arrangements with the Benefits Representative to maintain my insurance coverage and forward payments. I understand state reporting procedures require that if I am an employee on "12-month installment pay" I will be paid the lump sum of earned pay upon taking a leave of absence without pay, and I will be returned to normal 10-month pay status upon returning from leave. I understand leave without pay will change my anniversary date and annual leave rates.

Probationary Teachers: I understand that for the purpose of computing time toward tenure, I must work (physically work) not less than 120 workdays as full-time permanent teacher in a normal school year.

Employee's Signature

Date

Principal's/Supervisor's Signature

Date

* The family and Medical Leave Act provides eligible employees with up to 12 workweeks of leave annually for serious 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. To be eligible for this leave, the employee must have been employed by Wilson County Schools for at least one year full time and have worked at least 1250 hours during the previous 12 months. As part of the employee's family and medical leave, the employee must first exhaust any paid leave to which he/she is entitled: the remainder of the leave is unpaid.

During the family and medical leave, Wilson County Schools will maintain the employee's group health insurance coverage; however, the employee continues to be responsible for any amount of insurance premium that is normally deducted from his/her check for coverage of family members. If the employee is permitted to remain on unpaid leave at the end of the 12 workweek period, the employee becomes responsible for the entire amount of his/her own insurance premium.

OFFICIAL NOTICE

The Wilson County Board of Education has reviewed your request for leave of absence and has taken the following action:

_____ **Approved**

_____ **Denied**