

# Leave of Absence Request

In compliance with state law, I understand I must complete and return this form to my principal or immediate supervisor **AT LEAST 30 DAYS PRIOR** to a planned leave. If my leave is not planned I will submit this form as soon as possible. **Incomplete forms will not be processed.**

## Employee Information

Employee Name		Last Four of Social Security #	
Mailing Address		City	Zip
Job Title	Work Location	Phone Number	HOME <input type="radio"/> CELL <input type="radio"/>

## Absence Information

I understand it is my responsibility to consult with my principal or immediate supervisor prior to submitting this Leave of Absence request. Once submitted a Leave of Absence cannot be delayed or shortened. Requests to extend a Leave of Absence must be received prior to the expected return date. The start and end date will be coordinated with what is in the best interest of the students.

- This is a new request.  This is a request to extend an existing Leave of Absence.

Start Date:	End Date:	Return Date:
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## Type of Leave

I reviewed Leave of Absence policies and procedures in my teacher or support staff handbook prior to completing this section. I understand Medical and Maternity leaves require written verification by appropriate medical personnel and Military and Education leaves require verification by appropriate supporting documentation. **Leaves will not be approved without the required documentation.**

- Serious health condition of employee/FMLA
- Serious health condition of parent, spouse, or child/FMLA
- Maternity/FMLA
- Personal Medical NOT FMLA
- Family Medical NOT FMLA

- Military
- Educational
- Personal
- Legislative
- Other \_\_\_\_\_
- Supporting documentation is attached.

**All personal medical/injury and personal FMLA leave requires return to work documentation from physician prior to returning to work.**

## Allocation of Paid and Unpaid Leave

I understand it is my responsibility to verify that I have accrued the number of personal, vacation, and/or sick leave days noted below. All paid leave must be taken at the beginning of the leave of absence. **IF USING UNPAID LEAVE, MAKE ARRANGEMENTS WITH BOOKKEEPING IF YOU HAVE OPTIONAL PAYROLL DEDUCTIONS. Ex. (INSURANCE, DISABILITY POLICIES, TCEA DUES, ETC.)**

Total Number of Days Available	_____	Sick Days	_____	Personal Days	_____	Vacation Days	_____
Total Number of Days Applying to Leave	_____	Sick Days	_____	Personal Days	_____	Vacation Days	_____
I am applying for Sick Leave Bank	_____	Yes	_____	No	_____		
Total Number of Days Without Pay	_____	Without Pay	_____				

## The Family Medical Leave Act (FMLA)

FMLA entitles eligible employees to take up to 12 weeks of unpaid leave in 12 consecutive months for serious illness, while retaining medical insurance coverage at the active employee rate. Active employee rates equal 10% to 25% of actual monthly premiums. If unpaid leave exceeds or is not eligible for FMLA the employee is responsible for 100% of the actual premiums or may choose to suspend coverage. If I am enrolled in a State of Tennessee Group Insurance plan I understand I am responsible for payment of my medical and/or dental insurance premiums while on unpaid leave. I will contact Wanda Starnes at 901-475-5960 or [wstarnes@tipton-county.com](mailto:wstarnes@tipton-county.com) to arrange payment or request suspension of coverage.

- I am enrolled in a State Group Insurance medical and/or dental plan.  I am not enrolled in a State Group Insurance plan.

## Employee Signature

## Date Request Submitted

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## Authorization

Title:	Signature:	Date:	Approved:	Denied:
Principal	_____	_____	<input type="radio"/>	<input type="radio"/>
Central Office Supervisor	_____	_____	<input type="radio"/>	<input type="radio"/>
Director of Operations (support staff)	_____	_____	<input type="radio"/>	<input type="radio"/>
Director of Instruction (certified staff)	_____	_____	<input type="radio"/>	<input type="radio"/>
Director of Schools	_____	_____	<input type="radio"/>	<input type="radio"/>

*If denied, please provide the reason for denial on a signed and dated separate page and attach to this form.*

## Personnel Office Use

## Payroll Office Use

## Insurance Office Use

DATE RECEIVED	DATE RECEIVED	DATE RECEIVED
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## General Leave of Absence Frequently Asked Questions

**1. Who do I contact if I have questions about requesting a LOA?**

Contact your Leave of Absence representative at the Central Office

**2. What if I need to extend my LOA?**

Contact your principal or immediate supervisor **before** your original leave expires. Complete a new LOA marking “extension”. If applicable, attach medical documentation stating the need for the extension.

**3. What if I did not anticipate the need for a LOA, but now I need one?**

As soon as possible, generally the next working day, contact your principal or immediate supervisor and begin the LOA process.

**4. What if I do not need as much leave as I expected and want to shorten my LOA?**

A LOA cannot be shortened after it has been processed.

**5. May I take FMLA leave for the serious health condition of an in-law or my siblings?**

No, FMLA leave applies only to yourself, your spouse, your children (under 18 except in certain circumstances), and your parents.

**6. Why are abbreviated days (registration day, day before Christmas holiday and last day of school) counted as whole days when calculating a LOA?**

Abbreviated days count as a whole day when calculating LOA because you are paid for the whole day.

**7. Who do I contact if I have questions about continuing insurance during an extended LOA?**

Contact the Insurance representative at the Central Office for all inquiries regarding insurance.

**8. Who do I contact if I have questions about the number of sick, personal or vacation days?**

Verify your sick/personal/vacation leave balances in your Skyward Finance Employee Access portal.

**9. Who do I contact if I have questions about my pay during my LOA?**

Contact bookkeeping for all inquiries regarding pay during an LOA. Please use the calendar on the website to help with counting actual days.

**10. If I am on an unpaid leave, will my voluntary deductions (insurance, 401K, TCEA dues, etc.) still be paid?**

No, if you are not receiving pay, your voluntary deductions will not be paid. You must contact bookkeeping to make arrangements to cover those payments.

**11. If I am taking a leave that qualifies as FMLA, what paper work is required?**

FMLA leaves require the Tipton County Leave of Absence form and the Certification of Medical Provider form.

*If you have other questions, guidance documents for each type of leave can be found on [www.tipton-county.com](http://www.tipton-county.com) under the Personnel tab.*