

GREENE COUNTY SCHOOLS
Leave of Absence Request Form

Employee's Name _____ School/Position _____

Date of request _____ Phone _____ E-Mail _____

Part A: Complete for all leave requests. Check type of leave requested.

____ Maternity ____ Educational ____ Legislative Service ____ Other

____ Adoption ____ Recuperation of Health ____ Military Service

I plan to use ____ sick days & ____ personal/professional days beginning on _____

BEGINNING DATE OF LEAVE _____ RETURN TO POSITION DATE _____

If I decide not to return to the position on the date specified, I must notify the director thirty (30) days prior to the above stated return date or I will be in breach of contract. All leaves are addressed in Greene County School board policies.

Employee Signature:	Date:
Approved by Principal/Supervisor:	Date:
Approved by Director of Schools:	Date:

PART B: FAMILY AND MEDICAL LEAVE

COMPLETE THIS SECTION IF YOU ARE ELIGIBLE FOR FMLA LEAVE AS DEFINED BY BOARD POLICY

This request is for a FMLA leave of absence.

____ for a serious health condition that makes the employee unable to perform the functions of the employee's job

____ for the birth of a child

____ to care for a new born child or a child placed by adoption or foster care

____ to care for a spouse, son, daughter, or parent with a serious health condition

____ for a qualifying exigency due to the fact that a spouse, son, daughter or parent is a covered military member on active duty

Requested beginning date for FMLA leave _____ Return to Work date _____
MONTH/DAY/ YEAR MONTH/DAY/ YEAR

Please indicate the number of days in each type leave to be used during the requested FMLA leave period.

_____ Sick _____ Personal/professional _____ Leave Without pay

I understand that I will be required to provide appropriate certification for the leave requested according to the policies of the Greene County Board of Education.

Employee Signature:	Date:
Approved by Principal/Supervisor:	Date:
Approved by Director of Schools:	Date: