

Blount County Schools
Leave of Absence Request Form

Full Name _____ Social Security # _____
Position _____ School _____
Phone # _____ Date _____
Home Address _____

Is this request an extension of a current leave of absence? ___YES ___NO

Reason for Requesting Leave (check one)

- _____ Military Service
- _____ Medical (full time employees complete and attach Family Medical Leave forms)
(part-time employees attach letter from physician)

Full Time FMLA requests -- CHECK ALL THAT APPLY:

- ___ Birth or adoption of child
- ___ At this time I am also requesting Tennessee State Maternity Leave in conjunction with
FMLA, not to exceed 16 weeks.
- ___ A serious health condition that prevents me from performing functions of my position
- ___ A serious health condition affecting my spouse, child, or parent
- _____ Sabbatical (refer to board policy 5.304 and attach letter prior to July 1 of requested year)
- _____ Other: specify _____

Dates of Requested Leave: beginning _____ ending _____

Do you intend to return to the above position at the end of leave (check one)? ___YES ___NO

How do you intend to account for leave days? ___ Vacation/Personal
___ Sick
___ Unpaid
___ Local Sick (10 days, certified only, may only be taken once)

Office Use Only: Insurance Benefits will terminate / /

I have read and understand the FMLA Act (if applicable) and Blount County School Board Policy regarding leaves of absence. I understand the following: (1) my health benefits will continue during the FMLA period (if applicable); (2) it is my responsibility to continue voluntary payroll deductions through Blount County Government; (3) I will be reinstated to the same or equivalent position with same pay, benefits, and terms/conditions of employment upon return.

Employee Signature: _____ Date: _____

HR Supervisor Approval: _____ Date: _____

Director of Schools Approval: _____ Date: _____