



# Employee Leave Request Form

## Eligibility Guidelines

**Any employee with an absence exceeding 10 consecutive days or an *anticipated* absence over 10 consecutive days must complete this Leave Request Form.**

1. Family and Medical Leave may be granted if an employee has been employed with the Board for at least 12 months and worked for at least 1,250 hours during the past 12 months. This Leave Request Form and FMLA Physician Certification Form

Family and Medical Leave may be requested only for reasons listed below:

- a. Birth of a Child, b. Serious Personal Health Condition, c. Care of a sick spouse, d. Care of a sick parent, e. Care of a sick child, f. Placement of foster child, e. Adoption of a child
2. Catastrophic Leave may be granted with the following information: Leave Request Form, Letter to the Sick Bank Committee, Physician Certification Form, and Sick Bank Loan Form. \*You must be a member of the sick leave bank to request this type of leave.
  3. Other leave types may be granted with approval.

## Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_ School: \_\_\_\_\_

Position Held: \_\_\_\_\_ Contract Length: \_\_\_\_\_

## Leave Request Information

Reason for Leave: \_\_\_\_\_

Date to begin leave: \_\_\_\_\_

Expected Date to return to Regular Duties: \_\_\_\_\_

## Leave Days Requested

- Sick Leave Days: Number of Days to be used \_\_\_\_\_
- Personal Leave Days: Number of Days to be used \_\_\_\_\_
- Vacation Leave Days: Number of Days to be used \_\_\_\_\_
- Unpaid Leave Days: Number of Days requested \_\_\_\_\_

I have read the Family and Medical Leave Policy, File 6.70.3 in the Etowah County Policy Manual. I am making this request being fully cognizant of its terms and conditions.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Approval

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/Personnel Director Signature \_\_\_\_\_ Date \_\_\_\_\_