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:

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 _____________________