



Lauderdale County School System Employee Leave Request Form

Employee's Name: _____ Date of Request: _____

Employee SSN: _____

Employee Address: _____

Employee Phone: _____ Cell: _____

Date of Hire: _____ Work Location: _____

Employee Position: _____

Please refer to the Lauderdale County Board of Education Policy manual, section 5.3 to determine the appropriate type of leave. Place a check next to the desired type:

- Emergency and Legal Leave (not to exceed 30 days)
- Sick Leave
- Personal and Professional Leave
- Long Term Leave
- Family and Medical Leave (FMLA) *
- Military Leave
- Physical Assault Leave
- Sabbatical Leave (not to exceed 1 year)

* If desired leave is FMLA related, I have have not taken a FMLA leave of absence in the past twelve months.

If FMLA, I request a leave of absence for the following reasons:

- To care for my child who was/will be born
- To care for my spouse, child, or parent who has a serious health condition
- Because of a personal serious health condition that renders me unable to effectively perform the functions of my job
- Extension of previously approved leave
- Other: (Please Explain) _____

I would like the leave to begin on: _____ (Date)
and to end on _____ (Date). I will return to work
on _____ (Date).

I wish to use _____ (number of) sick days and/or _____
personal days during the above-mentioned leave. I would like for
the sick/personal days used to commence on the date of
_____ until all days I have indicated for use are exhausted.
After this number of days is exhausted, I understand that this leave
will be unpaid leave.

NOTE: *Doctor's statements will need to be attached for maternity leave, FMLA, or any other medical related leave. Individuals who are on the district's health insurance plan need to contact the Director of Finance to make arrangements regarding health insurance coverage as well as salary and other related benefits.*

I affirm that all of the information provided above is accurate and I realize that I must give the Director of Human Resources a 30-day notice before the expiration of my leave as to my intention to return from the leave or not. My failure to provide the obligatory 30-day notice may be considered a breach of contract. (Lauderdale County Board of Education Policy 3491)

(Employee Signature) (Date)

(Superintendent/Designee) (Date Received)

_____ (Date Approved)