## WILLIAMSON COUNTY SCHOOLS LONG TERM LEAVE OF ABSENCE (LOA) APPLICATION FOR 10 OR MORE DAYS

(Employee Name – Print)		(Employee #)	(School/Departme	l/Department)	
Position:		; Full-Time E	mployee:; Part-Time	Employee:	
NOTE 1:	A LOA Form requesting 10 or more consecutive days (including personal or family sick; maternity or adoption) and unpaid leave for medical reasons must also include a Family Medical Leave Act (FMLA) Employee Form or FMLA Family Form completed by a physician These forms can be found on the internet under Staff/Employee Forms. If an employee is or is not FMLA eligible, a physician's statement describing the condition, date condition commenced, and probable duration of incapacity must also be attached to this application. It is the responsibility of the employee to keep all leave dates current. Any revisions must include a physician's statement.				
NOTE 2:	Unpaid leave may affect all state approved benefits (including experience credits; retirement; Career Ladder payments; sick, persona and vacation days) and should be considered carefully before applying.				
NOTE 3:	To apply for Sick Bank days a Sick Bank Application must be submitted with the LOA Form, and FMLA Form. An employed can only request 20 days per application. For additional information regarding Sick Bank see School Board Policy 5.3021 for teachers and 5.3023 for classified employees. It is the responsibility of the employee to request additional Sick Bank days.				
NOTE 4:	Under Tennessee law, if a teacher has not yet attained tenure status, any time spent on leave of absence, except accumulated sick leave days described in T.C.A. 49-5-710, shall not be credited towards the time of service required to attain tenure status. For example, use of Sick Bank days, any unpaid family medical leave, and other leaves of absence are not credited for tenure purposes.				
NOTE 5:	Submit all LOA requests, along with related forms and documentation such as physician's note, military orders, and student teaching verification, to the Human Resources Department at least 30 days in advance (90 days is strongly recommended for maternity leave).				
	<b>TES</b> (see NOTE 1 above): ve Dates:	; FMLA E	ligible:; FMLA Inelig	ible:	
	Indicate below the number of	paid and/or unpaid days/h	ours being requested:		
	— Sick Leave Days/Hour	s:			
	Personal Leave Days/	Hours:			
	— Local Leave Days/Hou	rs:	(teachers only)		
	— Vacation Leave Days/	Hours: (1)	2 month employees only)		
	— Unpaid Leave Days/H	ours (See Note 2 above):			
	— Sick Bank Days/Hours	(See Note 3 above):			

What is the nature of your leave request (please check)? Medical 
Military 
Education 
Education

I PLAN TO RETURN TO WORK ON:

 Substitute required: \_\_\_\_Yes; \_\_\_\_No; Applicant's Signature: \_\_\_\_\_\_; Date: \_\_\_\_\_; Date: \_\_\_\_\_; Date: \_\_\_\_\_; Approved \_\_\_; Denied \_\_\_\_

 Principal's/Supervisor's Signature: \_\_\_\_\_\_; Date: \_\_\_\_\_; Approved \_\_\_; Denied \_\_\_\_;

 SUBMIT TO HUMAN RESOURCES FOR FURTHER PROCESSING

 Human Resources Coordinator: \_\_\_\_\_\_; Date: \_\_\_\_\_; Date: \_\_\_\_\_; Approved \_\_\_; Denied \_\_\_\_;

Revised 9/23/2015