

Leave of Absence

Tipton County Schools 1580 Highway 51 S Covington, TN 38019

In compliance with state law, I understand I must complete and return this form to my principal or immediate supervisor **AT LEAST 30 DAYS PRIOR** to a planned leave. If my leave is not planned I will submit this form as soon as possible. **Incomplete forms will not be processed.**

Employee Information

Employee Name		Last Four of Social Security #
Mailing Address	City	Zip
Job Title	Work Location	Phone Number HOME <input type="radio"/> CELL <input type="radio"/>

Absence Information

I understand it is my responsibility to consult with my principal or immediate supervisor prior to submitting this Leave of Absence request. Once submitted a Leave of Absence cannot be delayed or shortened. Requests to extend a Leave of Absence must be received prior to the expected return date. The start and end date will be coordinated with what is in the best interest of the students.

This is a new request. This is a request to extend an existing Leave of Absence.

Start Date:	Return Date:
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Type of Leave

I reviewed Leave of Absence policies and procedures in my teacher or support staff handbook prior to completing this section. I understand Medical and Maternity leaves require written verification by appropriate medical personnel and Military and Education leaves require verification by appropriate supporting documentation. **Leaves will not be approved without the required documentation.**

- | | |
|--|---|
| <input type="radio"/> Serious health condition of employee/FMLA
<input type="radio"/> Serious health condition of parent, spouse, or child/FMLA
<input type="radio"/> Maternity/FMLA
<input type="radio"/> Personal Medical
<input type="radio"/> Family Medical
<input type="radio"/> A medical statement is attached.
<input type="radio"/> Medical/injury leave requires return to work documentation from physician <u>prior</u> to returning to work. | <input type="radio"/> Military
<input type="radio"/> Educational
<input type="radio"/> Personal
<input type="radio"/> Legislative
<input type="radio"/> Other
<input type="radio"/> Supporting documentation is attached. |
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Allocation of Paid and Unpaid Leave

I understand it is my responsibility to verify that I have accrued the number of personal, vacation, and/or sick leave days noted below.

Type:	Number of Days Available:	Start Date:	Through This date:
Personal	_____	_____	_____
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Unpaid Days	_____	_____	_____

Applying for sick leave bank

The Family Medical Leave Act (FMLA)

FMLA entitles eligible employees to take up to 12 weeks of unpaid leave in 12 consecutive months for serious illness, while retaining medical insurance coverage at the active employee rate. Active employee rates equal 10% to 25% of actual monthly premiums. If unpaid leave exceeds or is not eligible for FMLA the employee is responsible for 100% of the actual premiums or may choose to suspend coverage. If I am enrolled in a State of Tennessee Group Insurance plan I understand I am responsible for payment of my medical and/or dental insurance premiums while on unpaid leave. I will contact Ruth Gordon at 901-475-5960 or rgordon@tipton-county.com to arrange payment or request suspension of coverage.

I am enrolled in a State Group Insurance medical and/or dental plan. I am not enrolled in a State Group Insurance plan.

Employee Signature

Date Request Submitted

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Authorization

Title:	Signature:	Date:	Approved:	Denied:
Principal	_____	_____	<input type="radio"/>	<input type="radio"/>
Central Office Supervisor	_____	_____	<input type="radio"/>	<input type="radio"/>
Director of Operations (support staff)	_____	_____	<input type="radio"/>	<input type="radio"/>
Director of Instruction (certified staff)	_____	_____	<input type="radio"/>	<input type="radio"/>
Director of Schools	_____	_____	<input type="radio"/>	<input type="radio"/>

If denied, please provide the reason for denial on a signed and dated separate page and attach to this form.

Personnel Office Use

Payroll Office Use

Insurance Office Use

DATE RECEIVED	DATE RECEIVED	DATE RECEIVED
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