

**THE SCHOOL BOARD OF BROWARD COUNTY, FL  
REQUEST FOR A BOARD APPROVED LEAVE OF ABSENCE**

**TYPE OF EMPLOYEE:**  ADMINISTRATOR  INSTRUCTIONAL  NON-INSTRUCTIONAL

\_\_\_\_\_  
Name

\_\_\_\_\_  
Last Four Numbers SSN

\_\_\_\_\_  
Personnel Number

Address: Street, City, State, Zip Code\*

**\*Mailing Address - If your address has changed, access Employee Self Service (ESS) to update your address.**

\_\_\_\_\_  
Area Code & Telephone Number (Home & Cell)

\_\_\_\_\_  
Position Title (Subject/Grade, if applicable)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Location Name & Location Number

I wish to request a leave of absence for the \_\_\_\_\_ school year effective at the close of work on \_\_\_\_\_.

**TYPE OF LEAVE REQUESTED:**

**MATERNITY**  
(Attach doctor's note)

**PERSONAL (Indicate reason below)**  
An Instructional employee must have three (3) or more years of employment in Broward County to be eligible for Personal leave.

**CHILD REARING**  
(Attach a copy of child's birth certificate)

An Instructional employee who took two (2) years of Leave of Absence and returned to work is not eligible for a new leave during the subsequent school year.

**MILITARY**  
(Attach notice to serve papers)

**PROFESSIONAL ENHANCEMENT**  
Instructional Employee Only - Must have three (3) or more years of employment in Broward County.

**WORK AT A BROWARD COUNTY CHARTER SCHOOL**

Name of School: \_\_\_\_\_  
(Your Employment With This School Will Be Verified)

**All leaves granted at the request of an employee shall be for a particular purpose or cause. My reason(s) for requesting this leave is:**

\_\_\_\_\_  
\_\_\_\_\_

According to Policy 4409, "An employee on personal leave may not be employed in any capacity other than as a substitute, a temporary part-time employee in the District, or as an employee at a Charter School."

In accordance with the Collective Bargaining Agreement between the District and the Broward Teachers Union, Article 23, Section L, an instructional employee may be employed in a teaching position outside of the District while on leave.

I am aware that I may be eligible to apply for Family/Medical Leave (FMLA).

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

If an Instructional employee, is the teacher in documentation or were you going to place the teacher in documentation? \_\_\_\_\_

**OFFICE USE ONLY (LEAVES DEPT.)**

**Approved:**

**Denied:**

**Certification Expiration:**

**Employment Date:**

**Contract Status:**

**Previous Leaves:**

**Location's Leave Position Number:**

**Last Duty Date:**