

SUMTER COUNTY SCHOOL BOARD
REQUEST FOR EXTENDED LEAVE
(Requires Human Resources and School District Approval)

Directions: This form must be completed when requesting an extended leave of absence, any leave in excess of ten (10) consecutive days. This form should be completed, printed, signed, and submitted to your immediate supervisor. The form will be forward to the Human Resources Department for review and School District approval.

NOTE: During the extended leave of absence, it is the employee's responsibility to continue insurance premium payments. Payments are due the 1st day of every month. Contact the Employee Benefits Technician for additional information.

Name of employee	Employee ID#	Location/Site
Date (mm/dd/yyyy)	Current Position	

TYPE OF LEAVE REQUESTED

Leave type information is available on Step 1 of this online form process.

FMLA (Family Medical Leave)

Select FMLA Type:

LOA (Leave of Absence)

Select LOA Type:

Explanation of Request (If other LOA type selected, explanation is required. Please do not provide medical details.):

All requests for medical leave due to your illness, illness of a family member or maternity must include a completed "Certification of Physician or Practitioner" Form WH-380; Illness/Injury of Covered Military Service Member leave request must include a completed "Form WH-385"; Military Exigency leave request must include a completed "Form WH-384". These forms are available during the online forms completion process in Skyward. Military leave must include current deployment documentation.

LEAVE REQUEST IS FOR THE FOLLOWING:

Leave Start Date: _____

Contact Payroll Department for Start Date information (x 50228)

Leave End Date: _____

Date must reflect July-June of current contract year

Return to Work Date: _____

Do you plan to return to work at the end of this leave? Yes No

Will you be taking a job elsewhere while on leave? Yes No

Do you wish to continue your insurance cover? Yes No

If this request for leave is granted, I acknowledge that it is my responsibility to return to work on the **Return to Work Date** stated above or to have secured another leave of absence. I understand that any request for additional leave will be considered in conjunction with applicable School District policies and collective bargaining agreement provisions.

Employee Signature _____

Date (mm/dd/yyyy) _____

Contact Phone Number _____

Principal/Supervisor Signature _____

Date _____

TO BE COMPLETED BY HUMAN RESOURCES

Your are not eligible for FMLA because:

- your leave does not qualify for FMLA
- you did not meet FMLA's 12-month length of service requirement. _____ months worked
- you did not meet FMLA's 1250 hours of service requirement. _____ hours worked

Doctor's Certification Attached? Yes No

HR Approved

Board Approved