

**SUMTER COUNTY SCHOOL BOARD
2680 WC 476, BUSHNELL, FLORIDA 33513**

AMENDMENT OF LEAVE

(Use only if returning to work prior to approved return date)

I _____ am currently on:
Print Name

(Check One)

_____ Approved Paid Extended Sick Leave

_____ Approved Family Medical Leave

_____ Approved Unpaid Leave of Absence

I would like to amend my leave and return to work on :

Month/Day/Year

I understand if I have been on leave for medical purposes, I must submit a Return To Work Medical Release Certification (PS-180) to the HR Department before I can return to my position.

Employee Signature

Employee ID Number

Date

Principal Signature

Date