



Leave of Absence Form

Haywood County Schools

Return all leave forms at least 30 days prior to a planned leave or anytime you miss 3 consecutive days.

Employee Information

Employee Name:

Phone:

Current address:

Job Title:

Work Location

Email address:

Absence Information

I understand it is my responsibility to consult with my principal or immediate supervisor prior to submitting this Leave of Absence request. The Leave of Absence request must be submitted to Toni Eubanks at the Haywood County Board of Education.

This is a new request

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

Start Date:

End Date:

Return Date:

Type of Leave

Serious health condition of employee /FMLA

Adoption /FMLA

Serious health condition of parent, spouse or child/FMLA

Short term illness no FMLA

Maternity/FMLA - Due Date _____

Military Leave

Intermittent Leave – Explain schedule requested: Please attach sheet with explanation

Allocation of Paid and Unpaid Leave

Do you want to get paid while on FMLA? ___Yes ___No

Total Number of LOA days:

____ Sick ____FMLA ____Sick with FMLA
(No Pay)

Employee Entitlement and Responsibilities

I understand that:

- During my FMLA – eligible period of paid leave my benefits will continue
- For unpaid leave only: information on continuing premium payments will be sent to me by the Benefits Specialist, after they are notified of my FMLA leave without pay
- I am responsible for notifying Human Resources immediately, in writing, of any changes in the leave period.

Employee Signature:

Date:

Supervisor Information

Supervisor Signature:

Date:

Human Resources Signature:

Date:

