

THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA

REQUEST FOR EXTENDED LEAVE

(Requires Human Resources and School District Approval)

Directions: Each employee requesting an extended leave of absence (any leave in excess of ten (10) consecutive days) shall submit this form to their immediate supervisor who will then forward it to the Human Resources Department for review and approval of the School District.

NOTE: It is the employee's responsibility to continue premium payments for his/her Insurance Benefits. Payments are due the 1st day of every month. Contact the Employee Benefits department for additional information.

Name of employee (print or type) Location/Site
Date Current Position

TYPE OF LEAVE REQUESTED

- Adoption or Foster Care, Illness of Family Member, Illness/Injury of Covered Military Service Member, Illness of Self/Personal Illness, Maternity, Military Leave, Military Exigency, Personal (other), Professional, Workers Compensation

Leave (With Pay) To Begin:

This date should reflect the first day of continuing absence including vacation and/or sick leave as applicable to School Board policy.

Leave (Without Pay) To Begin:

Leave To End*:

*Note: Do not exceed the end of the employee's contract year

Return to Work Date**:

**Note: If leave is for medical reasons a release from your doctor is required prior to your return.

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; 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".

Explanation of Request:

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.

If I fail to return to work as outlined above, I agree that my signature on this form shall constitute my irrevocable resignation. In that case, the School District may terminate my employment and treat it as a voluntary separation.

Signature of Applicant Date Employee ID Number

Address and Phone Number of Applicant

Signature of Site Administrator Date Printed Name of Site Administrator

TO BE COMPLETED BY HUMAN RESOURCES

Will requested leave be granted? Yes No If No, Why?

Does requested leave qualify under the Family and Medical Leave Act (FMLA)? Yes No Dates Approved as FMLA

If so, is FMLA leave granted?* Yes No If No, Why

*Note: Total FMLA leave cannot exceed 12 weeks (26 Weeks for Illness/Injury of Covered Military Service Member). If total leave exceeds maximum allowable FMLA leave time the remaining balance of requested leave will be considered Personal Illness Leave.

Signature of Human Resources Administrator Date Date of District Approval