

**LEAVE OF ABSENCE  
AND OR FAMILY AND MEDICAL LEAVE REQUEST**

TODAY'S DATE \_\_\_\_\_

(You may be asked to provide a Physician's Statement when applying for Family and Medical Leave)

EMPLOYEE'S NAME \_\_\_\_\_ SS NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PURPOSE OF LEAVE - Maternity \_\_\_\_\_ Other \_\_\_\_\_

\*\* I AM A: Tenured \_\_\_\_\_ OR Non-tenured \_\_\_\_\_ Employee

BEGINNING DATE OF LEAVE \_\_\_\_\_ ENDING DATE OF LEAVE \_\_\_\_\_

\_\_\_\_\_ I request an unpaid leave of absence from my job. My salary will be cut at my daily rate of pay for the duration of my absence.

\_\_\_\_\_ I request a leave of absence, using all leave available to me before my pay is cut. (This includes sick leave, personal leave, and paid personal leave. (If you wish to use only part of your available leave and be cut for the remainder of your leave, please explain below under other remarks.)

\_\_\_\_\_ I am a member of the sick leave bank.

\_\_\_\_\_ I wish to borrow \_\_\_\_\_ days from the SLB for this Leave of Absence.

\_\_\_\_\_ I am not a member of the sick leave bank.

\_\_\_\_\_ I wish to apply for Family Medical Leave. I understand that all available leave must be exhausted, and that approval must be granted by the Board of Education in accordance with the conditions listed in the DeKalb County Policy and Procedures Handbook as outlined Under Public Law 103-3, Sec. 108, enacted in February 1993.

The FMLA Policy for DeKalb County can be viewed on our system's website: [www.dekalbk12.org](http://www.dekalbk12.org).  
Each request will be handled individually in compliance with this law.

Other remarks or payroll considerations you may need to make concerning this leave of absence \_\_\_\_\_

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

I have discussed the pay options listed above with the payroll department at the Board of Education. The options have been explained and I understand how my payroll will be handled.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

\*\* Note - Check DeKalb County Board Policy Book to see what type leave you are eligible for.

\*\*\* Note-Application for Catastrophic Sick Leave must be filed on a separate application.