



CALDWELL COUNTY SCHOOLS
LEAVE REQUEST FORM (for leaves in excess of 9 consecutive days)

EMPLOYMENT STATUS:

Name: Job Title:
Address: Home Phone:
Employee/Timekeeper ID:
Years of Service with CCS: Years of Service with the State:
School: Regular Hours Worked per Week:

LEAVE OF ABSENCE:

Beginning Date: Last Day of Leave/Ending Date:

LEAVE REQUESTED:

Maternity* (Due Date) Parental* (Adoption/Foster Care Date:)
Educational Medical for Self* Medical for Immediate Family Member*
Military* Other

* Required Documentation: The Doctor's Certification Form (B2) must accompany all medical leaves. Also, written verification must accompany all military and educational leaves.

BENEFITS I WISH TO USE DURING THIS LEAVE:

Annual Leave Days - cannot be used by personnel who require a substitute when students are in session except for "Maternity & Parental" leaves as well as leave for "Catastrophic Illness of the Employee".

Bonus Leave Days - same as the description for Annual Leave Days

Sick Leave Days - accumulated by all permanent part-time and full-time employees.

Advanced Annual & Sick Leave Days - days earned/advanced during the remainder of the school year.

Extended Sick Leave Days - up to 20 days per school year - available only to classroom teachers & media specialists who require a substitute if due to their own personal illness or injury in excess of their accumulated sick leave and annual leave - \$50 substitute fee is deducted per day & \$25 for half days

Personal Leave Days - available to classroom teachers & media specialists who require a substitute - \$50 substitute fee is deducted per day & \$25 for half days (exception: no deduction when used on an optional workday)

Voluntary Shared Leave Days - available to employees who have exhausted all available accumulated paid leave - donations are deposited into the employees sick leave account.

Leave Without Pay

I certify the above information is correct and accurate to the best of my knowledge. I also certify that I have submitted this form with the Doctor's Certification Form (B2) to the Benefits Coordinator in Human Resource Services at least 30 days prior to beginning leave (if foreseeable).

Principal's/Director's Signature is required as evidence that the above employee has informed their supervisor of the need for a leave of absence and is not to be interpreted as approval or denial of the above leave request.

Employee's Signature

Date

Principal's/Director's Signature

Date