

MADISON COUNTY SCHOOLS
EXTENDED LEAVE REQUEST

NAME: SOCIAL SECURITY NUMBER:

ADDRESS:

SCHOOL/WORK SITE:

POSITION:

I request Extended Leave from my work assignment with the Madison County Board of Education. I am requesting this leave for the following reason(s): (See Madison County Board of Education Policy File: GBRI for documentation needed and provisions governing leave requests.)

Note: Employees taking leave without pay (other than Family and Medical Leave) may not earn the full twelve months of insurance allotment allocations. Contact the Insurance Department of the Business Office for additional information.

Family and Medical Leave (Check which category of leave below.) To be eligible for Family and Medical Leave, an employee must have worked with the system for a total of 12 months. If you have not worked for the system 12 months, do not apply for Family and Medical Leave. If you are not eligible for Family & Medical Leave, you may request leave under Other below.

- Birth of a child
Adoption of a child or placement of a foster child
Care for a sick spouse, child, or parent (Submit completed Medical Verification form with leave request)
My own serious health condition (Submit completed Medical Verification form with leave request)

Military Leave (Military Leave WITH pay is granted for up to twenty-one (21) working days per year)
Beginning Date Ending Date
For additional days, complete section below. Note: Sick leave may not be used for Military Leave.

Legislators and Other Elected or Appointed Officials

Other (Explain fully. Attach additional documentation and/or explanation if necessary.)

If sick, personal, or vacation leave time will be used to cover absences, please specify number of days and dates:

Days Sick Leave Days Personal Leave Days Vacation Leave
Dates Dates Dates

Period of time for which leave WITHOUT PAY is requested:

Days Without Pay Beginning Date Ending Date

If dates of leave unknown, explain:

Signature of Person Requesting Leave Date
Signature of Immediate Supervisor Date
Signature of Director of Personnel Date

Approved: November, 1993 Revised: March, 1994 Revised: February, 1998 Revised: April, 2000 Revised: April, 2001
Revised: December, 1996 Revised: January, 1999 Revised: August, 2000

ORIGINAL: Personnel Yellow: Insurance Pink: Payroll Goldenrod: Employee