



School District of Manatee County

LEAVE OF ABSENCE REQUEST

First Name MI Last Name

Employee Number Cost Center

Leave Begins
Time Month Day Year

(1) While on unpaid leave, do you wish to continue your benefits? Make choices below.

Health Yes No

School Board Life Yes No

Flexible Benefits Yes No

Any other deductions you may have will be your responsibility to pay directly to the insurance provider.

Leave Ends
Time Month Day Year

Enter the number of hours (e.g., 7.50) for each type of leave requested.

Illness **(1)**

Military (Attach Copy of Orders) **(1)**

Vacation

Jury/Subpoena (Attach Copy of Subpoena)

Sick Leave Bank

Leave for Personal Reasons Charged to Sick

Child Care Leave **(1)**

Illness in Line of Duty **(2)**

Date of Accident

Discretionary Day

Worker's Compensation **(1)(2)**

Date of Accident

Personal Without Pay **(1)**

Work at a Charter

Total Hours Requested

(1) Your request for leave may qualify for Family Medical Leave Act (FMLA) leave, which can save you Board Share Premiums. Contact the Benefits Department at 708-8770 for eligibility. FMLA runs concurrently with Sick Leave and Workers Compensation.

(2) Attach doctor's note to Leave of Absence Request and send copies to the Risk Management department.

Date of Request

Job Title

Requestors Signature

**If on an extended leave for any reason, it is the employee's responsibility to maintain up to date personal information with the Personnel Department.*

IMPORTANT: If the employee does not use the approved leave as submitted, the original leave request should be cancelled.

Approved

Denied

Immediate Supervisor Signature

Date