

# Clay Community Schools Request for Leave of Absence

Any employee who uses 5 or more consecutive sick days **MUST** request a Leave of Absence.  
Complete this form and send to CCS HR Dept. at Central Office.

Clay Community Schools  
1013 South Forest Ave.  
Brazil, IN 47834  
(812) 443-4461

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Title: \_\_\_\_\_

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Length of Service: \_\_\_\_\_ Status: Full Time/Number of hours worked per week: \_\_\_\_\_  
Part Time/Number of hours worked per week: \_\_\_\_\_

Expected Date Leave is to begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Return to Work Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Intermittent days leave request (**FMLA ONLY & Must** provide documentation supporting each day of work missed)

## Reason for Leave of Absence: (check applicable box)

- Serious health condition that makes me unable to perform my job. \*
- Birth of a child:\* Expected Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Placement of a child for adoption or foster care. Date of Placement \_\_\_\_/\_\_\_\_/\_\_\_\_
- Care for spouse, child, or parent who has serious health condition. \*
- This leave of absence is **not** for a medical reason for my own personal health. \*\*

\*A physician's certification is required for leave due to a serious health condition. U.S. Department of Labor Form must be filled out and received by Clay Community Schools. A release to return to work without restrictions is also required to return to work.

\*\*Must provide documentation supporting need for leave of absence

## Sick Bank (Please check one)

- I belong to the sick bank and would like to request use of the sick bank days should I exhaust all of my accumulated sick, personal, and/or other earned leave days.
- I belong to the sick bank but do **NOT** wish to request use of the sick bank days at this time. However, I do understand that I must submit a written request should I decide to request use at a later date.
- I do **NOT** belong to the sick bank.

## I understand and agree to the following Leave provisions:

- (FMLA)I have worked for Clay Community Schools for at least 12 months and at least 1,250 hours in the previous 12 months
- This leave is unpaid, unless I use any paid vacation, personal, or sick leave days that I have accumulated. If I use paid vacation, personal or sick days, my 12 weeks of FMLA runs concurrently with these other days.
- If I fail to return to work after 12 weeks of FMLA, I am financially responsible for 100% of my health and dental insurance premiums.
- If I carry health, vision and/or dental insurance through CCS I will check with Cori Moody (812) 443-4461ext. 1816 for my financial responsibility caused by this leave.
- Unless a leave has been approved by the Board of Trustees of Clay Community Schools for a period longer than 12 weeks, after 12 weeks of leave, if I do not return to work or contact my principal or supervisor, it will be considered that I resign my job position.
- While on an approved leave of absence I will not be actively participating in school or corporation activities or duties.
- I understand that it is my responsibility to provide Clay Community Schools Human Resource Dept. with all the necessary paperwork required for this leave in a timely manner once it has been generated.

Signature of Employee: \_\_\_\_\_

(Central Office Use Only)

Status: \_\_\_ Eligible for FMLA; \_\_\_ Eligible for Medical Leave; \_\_\_ Other Leave; \_\_\_ NOT Eligible for Leave

Verified by: \_\_\_\_\_

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**LEAVE APPROVAL:** *(Central Office Use Only)*

Sick Bank Verification:  Member  Non-Member - Verified By: \_\_\_\_\_

Leave was approved by School Board on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Dates of Leave: Start of Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to Work slip (without restrictions) received from physician: \_\_\_\_/\_\_\_\_/\_\_\_\_

Actual Date Employee returned to work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes:

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