

PRESTON COUNTY SCHOOLS
Leave of Absence Request

Name _____ ID # 970 - 00 - _____

Assignment _____ Location _____

In accordance with Board Policy 8-15 I am requesting the following leave during the period from _____ to _____.

_____ **MILITARY LEAVE**

- Thirty Days or Less
- Attach Orders

_____ **MILITARY LEAVE**

- More than Thirty Days
- Attach Orders

_____ **EDUCATIONAL LEAVE**

- Maximum of One Year
- Attach College/University Enrollment Documentation
- Submit Transcript Upon Completion

_____ **MEDICAL LEAVE**

- Attach Written Certification from health care provider specifying the nature and duration of the illness or temporary disability.

_____ **BIRTH/ADOPTION/INFANT BONDING LEAVE**

- Maximum of one school year plus the remainder of the school year in which the child was born or adopted.

_____ **POLITICAL LEAVE**

- Length of Legislative Session
- Attach documentation

_____ **FAMILY LEAVE**

- Maximum of twelve weeks
- Attach documentation from health care provider specifying nature and expected duration of the illness or health condition.

_____ **OTHER LEAVE**

- Maximum of fifteen days for vacation purposes: educational trips, or other reasons not listed above. State reason for leave: _____

Signature of Employee

Date

Supervisor's Approval

Date

Superintendent/Designee Approval

Date

Denied

Date