

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HUMAN RESOURCES
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000 FAX (941) 927-4087

REQUEST FOR LEAVE OF ABSENCE

Instructions: Employee completes form and submits to Principal/Cost Center Head

1. EMPLOYEE INFORMATION (Print) Name _____ Employee ID No. (A#) _____ SSN XXX-XX- _____ Personal Phone _____ Work Phone _____ School/Department _____ Position _____	
2. SELECT REASON FOR LEAVE (Documentation, as indicated, must accompany this form) <input type="checkbox"/> MEDICAL-EMPLOYEE – Attach Certificate of Health Care Provider Form WH-380E (FMLA) or Form B (if not FMLA elig.) <input type="checkbox"/> MEDICAL-FAMILY MEMBER – Attach Certificate of Health Care Provider Form WH-380F (FMLA) or Form C (if not FMLA elig.) <input type="checkbox"/> BIRTH OF A CHILD/CHILD CARE/ADOPTION/FOSTER CARE <ul style="list-style-type: none"> • Birth of a child – Attach Certificate of HealthCare Provider Form WH-380E (FMLA) or Form B (if not FMLA elig.) • Child Care – (CHILD UNDER SIX YEARS OF AGE) - Attach copy of child's birth certificate if not on file with HR • Adoption/Foster Care – Attach letter from attorney or agency verifying adoption <input type="checkbox"/> PROFESSIONAL – Attach proper documentation for type of professional leave requested <input type="checkbox"/> CHARTER SCHOOL – Attach verification of employment on school letterhead or contract of employment <input type="checkbox"/> MILITARY – Attach active duty orders <input type="checkbox"/> PERSONAL – Must apply by April 15 prior to the school year in which leave is to be taken. Taken for one year only. Attach Emergency Personal Leave Request Form A (122-97-HMR) if requesting leave after April 15 deadline.	
3. LEAVE DATES First Day Out Of Work _____ Anticipated Return To Work _____ 1 st Unpaid Day _____ (date may be different from last day of work – contact payroll)	<u>HR USE ONLY</u> Available sick leave: _____ UNPAID Leave Dates From _____ To _____ Board Date _____
4. CHECK ALL THAT APPLY <input type="checkbox"/> I am applying for Family and Medical Leave (FMLA). I have attached form WH380E or WH380F. <input type="checkbox"/> I do not qualify for FMLA. I have attached Form B or C (if medical leave of absence). <input type="checkbox"/> This is an extension of my current leave of absence.	

I HAVE READ AND UNDERSTAND THE EMPLOYEE RIGHTS AND RESPONSIBILITIES ON PAGE 2 OF THIS FORM.

Employee Signature

Date

Principal/Cost Center Head Name

Principal/Cost Center Head Approval Signature

Date

HR Administrator Approval Name

HR Administrator Approval Signature

Date

Distribution: Original – Human Resources Personnel File Copy – Payroll, Employee

REQUEST FOR UNPAID LEAVE OF ABSENCE

EMPLOYEE RIGHTS AND RESPONSIBILITIES

EMPLOYEE RIGHTS

YOU MAY BE ELIGIBLE FOR 12 WEEKS OF FAMILY and MEDICAL LEAVE (FMLA)

Have been employed by The School Board of Sarasota County for a total of 12 months, have worked at least 1,250 hours over the previous 12 months, and have not exceeded maximum FMLA eligibility within the previous 12 months.

FAMILY and MEDICAL LEAVE MAY BE USED FOR:

- the birth and care of a newborn child of the employee
- placement with the employee of a son or daughter for adoption or foster care
- to care for a spouse, son, daughter, or parent with a serious health condition
- to take medical leave when the employee is unable to work because of a serious health condition
- for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on federal active duty or called to federal active duty status as a member of the regular armed forces or the National Guard or Reserve

FMLA BENEFITS: Your Board contributed insurance benefits will be maintained during any period of paid or unpaid FMLA leave. When returning from FMLA leave you will be reinstated to the same or equivalent job with the same pay, terms, and conditions of employment.

NOTE: ALL ACCRUED SICK TIME MUST BE USED CONCURRENTLY AT THE START OF FMLA LEAVE.

EMPLOYEE RESPONSIBILITIES

IT IS THE EMPLOYEE'S RESPONSIBILITY TO:

1. Keep the principal/supervisor advised with periodic updates regarding your status.
2. Make payments to risk management for insurance premiums (if applicable).
3. Provide fitness-for-duty certificate from health care provider before returning to work. Failure to do so will delay reinstatement.
4. Return to work at the end of leave or provide additional leave without pay paperwork and medical documentation to support extended leave.
5. Not engage in similar or related employment during leave without express written permission of the Board.
6. Inform Human Resources of address and phone number of someone always likely to know how to contact you.
7. Notify Human Resources in writing of your intent for the following school year by March 1 of the current school year.

FAILURE TO RETURN TO WORK OR FAILURE TO NOTIFY PRINCIPAL/SUPERVISOR MAY RESULT IN TERMINATION OF EMPLOYMENT.

ANY EMPLOYEE WHO ACCEPTS SIMILAR OR RELATED EMPLOYMENT WHILE ON A LEAVE OF ABSENCE, WITHOUT WRITTEN PERMISSION OF THE BOARD, WILL BE CONSIDERED TO HAVE RESIGNED.

GIVING FALSE OR MISLEADING INFORMATION MAY RESULT IN DISMISSAL.