

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

LEAVE OF ABSENCE APPLICATION

Please print, complete ALL information, and submit all copies to the Human Resources Department
(In case of extreme emergency, an administrative memo may suffice until needed documentation can be obtained.)

Employee ID # _____ Employee Name _____
 Current Position _____ Current Worksite _____ Current Facility # _____
 Where may we contact you? Address _____ Phone (____) _____

<input type="checkbox"/> MATERNITY LEAVE – Attach physician’s statement. <input type="checkbox"/> PERSONAL NON-MEDICAL – Eleven (11) days or more. <input type="checkbox"/> ACTIVE MILITARY LEAVE – Attach orders.	<input type="checkbox"/> EXTENDED MEDICAL LEAVE – Attach physician’s statement certifying illness and duration of recovery. <input type="checkbox"/> FAMILY MEDICAL LEAVE – If applying under this provision, you must also complete FC-290-1440-Application for Family and Medical Leave. <input type="checkbox"/> PERSONAL FOR FMLA REASONS – Attach physician’s statement certifying illness and duration of recovery.
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Explain the circumstances of your leave request: _____

Leave requested to **begin** on _____ Time _____, and **end** on _____ Time _____
DateDate

Effective date of your leave request _____ **Last date reported for pay purposes** _____

Last day you physically worked on the job (reported for duty): _____

What is your expected date of return? _____

A leave may not cross school years. A new leave form must be submitted for a second (2nd) school year, if applicable.

Are you taking any vacation or sick leave towards this leave of absence? Yes No If yes,

Dates from _____ to _____ inclusive. Type _____

Dates from _____ to _____ inclusive. Type _____

Are you exercising your rights under the Family Medical Leave Act? Yes No If yes, you must also complete Form FC-290-1440 – Application for Family and Medical Leave, obtained through the Risk Management Department or your payroll secretary.

If application is for Family Medical Leave, beginning date must include any sick and/or annual leave available.

“I understand it is my responsibility to inform my supervisor and the Human Resources Department, in writing, of any changes to the above information. I have read and understand the rules as provided on the reverse side of this leave application.” _____ / _____ Employee Signature Date	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended _____ / _____ Principal/Supervisor/Department Head Signature Date <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ / _____ Chief Human Resources Officer Signature Date
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FOR HUMAN RESOURCES USE ONLY						
No. Work Hours per day _____ Pay Level _____ Years of verified experience _____ Salary _____						
_____/_____ Supervisor - Human Resources Dept. Date						
Employment Date _____ Human Resources Records _____ Board Agenda Date _____						
Calendar Code _____ Vacation Available _____ Sick Leave Code _____						
Sick Leave Available _____ Overdrawn, Explain _____						
Reviewed by: _____ / _____ Human Resources Technician Signature Date Route (Date and initial) Position Control _____ Sent to Finance _____ Sent to Insurance _____	Facility	Job Code	Line #	Start	Finish	Reason

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TO THE EMPLOYEE:

Rules specific to the type of leave for which you are applying are found in School Board Rules, Chapter 6.00 and in the Master Teacher Contract, depending upon your classification. The following are general rules as they apply to all leave requests. Contact your payroll secretary or the Human Resources Department for assistance.

If you are **INSTRUCTIONAL**, the following Master Teacher Contract articles apply to you:

Master Teacher Contract 10.01 LEAVES OF ABSENCE

A leave of absence is permission granted by the Board for an employee to be absent from duty for a specified period of time with the right to return to employment on the expiration of leave. Any absence of a member of the bargaining unit from duty shall be covered by leave duly authorized and granted. Leave shall be officially granted in advance and shall be used for the purposes set forth in the leave application. Any request that leave be granted retroactively shall be denied except in the case of leave for sickness or other emergencies, in which case leave shall be deemed to be granted in advance provided prompt report is made to the proper authority.

Master Teacher Contract 10.09-8:

No leave shall be granted beyond one (1) year. Automatic renewal of a personal leave without pay is not granted. It shall be the responsibility of the teacher on leave to request renewal by May 1. Personal leave without pay shall not exceed 24 months except that, upon written request, the Superintendent may recommend that this provision be waived. Teachers shall be notified, in writing of the above stipulation upon notification of leave approval.

School Board Rule 6.546

II. Unpaid Extended Personal Leave - Extended leave shall be defined as leave without pay for more than ten (10) consecutive days. Employees shall make written application for such leave without compensation. Professional support staff shall be eligible for extended leave without pay after three (3) or more years of continuous service. The three (3) year requirement may be waived in extenuating circumstances as recommended by the Superintendent and approved by the Board. Extended leave, when granted, shall not exceed one (1) year, except that military leave shall be granted for a longer period as necessary for the completion of active duty. Maternity leave is exempt for then three (3) year provision. Personal leave shall terminate at the end of the contractual period. Personal leave may be granted at the discretion of the School Board as hereinafter provided:

- A. Leave to serve in the armed services.
- B. Leave for academic study.
- C. Leave for serving in the Peace Corps.
- D. Leave for child rearing (for natural or adoptive child).
- E. Leave for childbearing or adoption.
- F. Leave to run for or serve in an elected office.
- G. Leave to participate in exchange programs in other states or countries.
- H. Each extended leave-without-pay request shall be considered on its own merit by the School Board. Return from leave is contingent on there being a vacant position in the system which the employee is qualified to fill. Requests for extended leave to take another position for salary shall be denied unless there are extenuating circumstances that are acceptable to the Board.

RETURNING FROM LEAVE

Employees shall be required to show a doctor's release to return to work after maternity leave, long-term medical leave or worker's compensation.

If application is for **MILITARY LEAVE**, the following general rules apply to you:

School Board Rule 6.545 Military Leave

Military leave shall be granted to an employee who is required to serve in the armed forces of the United States or of the state of Florida in fulfillment of obligations incurred under the Selective Service Laws or because of membership in the reserves of the armed forces or the National Guard. An employee granted military leave for extended active duty shall, upon the completion of the tour of duty, be returned to employment without prejudice, provided that an application for re-employment is filed within six (6) months following the discharge date or release from active military duty. Following receipt of the application for re-employment, the School Board shall have a reasonable time, not to exceed six (6) months, to assign the employee to duty in the same or similar position he /she left in the District. Compensation allowed during military leave shall not exceed seventeen (17) working days as provided in Section 115.07, Florida Statutes.