REQUEST FOR EMPLOYEE LEAVE OF ABSENCE

Requests for a leave of absence ***must*** be signed by the employee ate supervisor
and accompanied by any other required documentation (ex: FMLA form).

Name (Print)_____ ID # 912 _____

Work Location_____Position_____

Leave of Absence Dates: Begin_____End_____

A. Leave of Absence Request (Please check one):

1. _____ **FMLA:** For employees who have been employed with Cabell County Schools for at least 12 months and worked at least 1,250 hours during the 12-month time frame. Up to 12 weeks of paid (if employee has earned/accrued sick/personal days) or unpaid leave due to the birth/care of newborn child, adoption/care, employee providing care for spouse, child, parent (or other immediate family member as defined in Cabell County Policy 3431; 4431) with a serious health condition, or the emplo serious health condition hindering the employee from performing the functions of their position**.** *Cabell County Policy 3430.01;4430.01*
***Additional documentation required: FMLA Form for Employee or Family Member**

2. _____ **Parental Leave:** For employees who have been employed full-time for at least 12 consecutive weeks with Cabell County Schools. This leave provides up to 12 weeks of unpaid leave in any 12-month period, following the exhaustion of all annual and personal leave, due to birth or adoption of a serious health condition in which documentation from a health care provider is required. *Cabell County Policy 3430.03;4430.03*
***Additional documentation required: Parental Leave Form**

3. _____ **Extended Leave:** Unpaid leave for up to one (1) year for pregnancy, childbirth, or adoptive/infant bonding. *Cabell County Policy 3430.04; 4430.04*

4. _____ **Military Leave**: Reserves/Call to Service**;** *Cabell County Policy 3437;4437*
***Additional documentation required: Military Leave Form and a copy of the Military Orders**