

# AUTAUGA COUNTY BOARD OF EDUCATION

## LEAVE OF ABSENCE REQUEST RECORD

NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE POSITION: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### TYPE OF LEAVE:

\_\_\_\_ Personal Illness

\_\_\_\_ Family Illness (Relationship to family member) \_\_\_\_\_

\_\_\_\_ Paid Parental Leave (40 paid days per calendar year for mother, 10 for spouse)

Maternity, Paternity, Adoption of child \*Effective 7/1/2025

\_\_\_\_ On Job Injury (Accident report must be attached)

\_\_\_\_ Military (21 paid days per calendar year)

\_\_\_\_ Other (Please explain) \_\_\_\_\_

### PROPOSED DATES OF LEAVE:

Requested date for leave to begin \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested date to return to work \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY PRINCIPAL/SUPERVISOR

Substitute Required \_\_\_\_yes \_\_\_\_no Name of Substitute \_\_\_\_\_

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYROLL ONLY

Sick Leave \_\_\_\_\_ Personal Leave \_\_\_\_\_ On Job Injury \_\_\_\_\_ Military \_\_\_\_\_

FMLA \_\_\_\_\_ Sick Leave Bank Loan \_\_\_\_\_ Catastrophic Leave \_\_\_\_\_

Unpaid \_\_\_\_\_ Other \_\_\_\_\_

Payroll Coordinator Signature \_\_\_\_\_

### HUMAN RESOURCES ONLY

\_\_\_\_ Approved \_\_\_\_ Denied

Approved Leave Dates: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_ Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Personnel Director