THE SCHOOL BOARD OF TAYLOR COUNTY, FLORIDA APPLICATION FOR BOARD APPROVED LEAVE OF ABSENCE ☐ ADMINISTRATOR □ NON-INSTRUCTIONAL TYPE OF EMPLOYEE: ☐ INSTRUCTIONAL Name Last Four No. SSN **EIN Number** Address: Street, City, State, Zip Code **Phone Number (Home or Cell)** Position Title (Subject/Grade, if applicable) Location No. **Location Name DATES OF LEAVE REQUESTED** I wish to request a leave of absence for the ______school year, effective at the close of work on -or, for shorter leaves of absence -The dates of leave requested are: ____/____ to _____/____. TYPE OF LEAVE REQUESTED: ☐ EXTENDED HEALTH OR DISABILITY ☐ MILITARY (attach notice to serve papers) (beyond Family and Medical Leave) ☐ FAMILY AND MEDICAL LEAVE ☐ PROFESSIONAL LEAVE ☐ LEAVE TO SEEK POLITICAL OFFICE ☐ PERSONAL (indicate reason below) All leaves granted at the request of an employee shall be for a particular purpose or cause. My reason(s) for requesting this leave is/are: Per Policy 6.50, I understand that leave requests for extended leave to take another position for salary shall be denied absent extenuating circumstances approved by the School Board. Per Policy 6.50, I understand accepting outside employment while on leave of absence may subject me to termination. I am aware that I may be eligible to apply for Family/Medical Leave (FMLA). **Employee's Signature** Date Administrator's Signature Date **OFFICIAL USE ONLY** Previous Leaves: Approved/Denied: