

**ASHEBORO CITY SCHOOLS  
REQUEST FOR LEAVE OF ABSENCE**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Home Address \_\_\_\_\_

School/Department \_\_\_\_\_ Position/Grade/Subject \_\_\_\_\_

**Employee's Statement**

I am requesting a leave of absence for the following length of time:

\_\_\_\_\_ Date Leave Should Begin

\_\_\_\_\_ Date Leave Should End

Type of leave request (check one)

Parental Leave (Birth or adoption)\*  
Educational Leave

Medical Leave\*  
Other

Reason for Request: \_\_\_\_\_

During this leave of absence, I would like to use the following benefits in accordance with State Board of Education Guidelines:

Sick Leave  
Annual Leave

Personal Leave (Available for classroom teachers only)  
Extended Sick Leave (Available for classroom teachers only)

Special requests can be made to the Personnel Office for the donation of Voluntary Shared Leave if the **employee**, as a result of a serious medical condition of self or his/her immediate family, faces a prolonged absence or frequent absences from work, resulting in a potential financial hardship for the employee.

**IMPORTANT INFORMATION FOR:**

**Licensed Personnel:** I understand that for the purpose of computing time as a probationary teacher, I must work **not less than** 120 workdays as a full-time permanent employee in a normal school year. **All Personnel:** I understand that if I go off payroll, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as hospitalization, dental and cancer insurance, loan payments, etc. I will make arrangements with the Business Office to maintain coverage and forward payments. State reporting procedures require an employee on "12-month installment pay" to be paid the lump sum of earned pay upon taking a leave of absence without pay and be returned to normal 10-month pay status upon returning from leave.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Department

\_\_\_\_\_  
Date

\*According to the "Family and Medical Leave Act," employees who are taking sick, annual, personal, or extended sick leave, or leave without pay because of personal illness, birth of a child, or placement of an adopted or foster child, or to take care of an ill child, spouse, or parent are eligible for up to 12 workweeks of leave. During those 12 workweeks, the employee's hospitalization insurance premium will be paid by the Asheboro City Schools. The only stipulation is that the employee must have been employed by the Asheboro City Schools for at least one year full time and have worked at least 1250 hours during the previous 12 months. The employee must also return to work at the end of his/her approved leave.

The employee is still responsible for any amount of insurance premium that is normally deducted from his/her check for spouse's and/or children's hospitalization insurance. At the end of the 12-workweek period, the employee will also be responsible for the employee's insurance premium.