



HR use only Send copies to ___ Payroll ___ HR ___ Benefits	___ Supervisor ___ Employee
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Request for Leave of Absence

To Be Completed by Employee:

Employee ID Number:

Name:	School and Position:
SSN:	Phone Number:
Type of request: <input type="checkbox"/> Continuous Leave <input type="checkbox"/> Intermittent Leave	Reasons for leave: <input type="checkbox"/> Personal Illness <input type="checkbox"/> Care for Immediate Family Member _____ <input type="checkbox"/> Birth or placement of a child for adoption or foster care Due Date _____ <input type="checkbox"/> Educational/professional leave <input type="checkbox"/> Military leave <input type="checkbox"/> Other: _____
Dates: Last day I worked: _____ I plan to return to work on: _____	Check the type(s) of leave days that you plan to use: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Annual Leave <input type="checkbox"/> Paid Parental Leave _____ <input type="checkbox"/> Voluntary Shared Leave (Application Required) <input type="checkbox"/> Without Pay ** <input type="checkbox"/> Personal Leave <input type="checkbox"/> Other _____
Benefits: It is your responsibility to contact PCS Benefits Department in regards to your benefits. Phone: Collene Paramore at (252)830-4213, Lori Harris at (252)830-4217 or Shannon McBride at (252)830-4211	** If leave requests exceed actual balances, leave without pay is automatically charged. Signature indicates that I have read and understood the attached guidelines of LOA. Also, I hereby request leave/absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employees agency's procedure for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal. Employee: _____ Date: _____ Supervisor: _____ Date: _____
12 Week entitlement for FMLA starts the first day away from work. The employee becomes responsible for paying health insurance premiums (that includes employer's and employee's contributions) beginning the first month following the 12 week entitlement. If an employee fails to return, reimbursement for premiums paid during the 12 week entitlement must be refunded to the school system. Additional information on FMLA is available at www.dpi.nc.gov/documents/district-humanresources/benefits-and-employment-policy-manual	
A RETURN TO WORK FORM IS REQUIRED PRIOR TO RETURNING TO WORK IN ORDER TO REINSTATE EMPLOYEE AFTER THE LEAVE OF ABSENCE.	