

**KNOX COUNTY SCHOOLS  
LEAVE OF ABSENCE**

Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City State Zip

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

Leave of Absence is requested for \_\_\_\_\_ month(s) or year

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ (No later than June 30 of this calendar year)

for the following reason:  medical  maternity  child care  legislative service  military  
 FMLA (In order to be eligible an employee must have been an employee for at least 12 months and worked 1,250 hours during the previous 12-month period.) For more information see Board Policy GBRIC.

Last day of paid active service is to be \_\_\_\_\_ (This does not include personal, sick, or vacation leave days.)

Wish to use all available, applicable **paid** leave before taking an **unpaid** leave of absence (Sick leave is available only if a medical condition exists for employee or family member and is supported by a physician's statement. You may also use sick leave for up to a period of thirty (30) days for adoption purposes. A copy of supporting documentation from the adoption agency must be provided.)

Wish to use Paid Parental Leave (must complete form HR-177)

Wish to use sick leave \_\_\_\_\_ # of sick days  Wish to use vacation days \_\_\_\_\_ # of vacation days

Wish to use personal days \_\_\_\_\_ # of personal days  Intend to apply for Sick Bank

**Please Note: Employee should contact the Compensation Department at (865) 594-1690 if they have questions regarding how a leave of absence will impact their pay.**

\_\_\_\_\_  
Supervisor/Principal

\_\_\_\_\_  
Employee Signature

NOTE: Employee must complete an Insurance Intent form (BO-180A and BO-180B and/or BO-180C) if the employee has health insurance.

**- FOR OFFICE USE ONLY -**

Employment Date \_\_\_\_\_ 1,250 Hours \_\_\_\_\_

Name of replacement \_\_\_\_\_  To be announced

Number of sick \_\_\_\_\_ vacation \_\_\_\_\_ personal \_\_\_\_\_ leave days available for use with leave

Knox County Schools has granted a \_\_\_\_\_ on the date of \_\_\_\_\_  
for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_

Signed \_\_\_\_\_  
Superintendent

NOTE: All leaves of absence shall be requested at least thirty (30) days in advance. This form, as adopted by the Knox County Board of Education, shall be submitted as follows:

Send Original to: Human Resources with Supervisor/Principal Signature