

**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 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