

Logan-Hocking Local Schools
EMPLOYEE LONG-TERM LEAVE REQUEST

(For time off longer than 5 consecutive days.)

EMPLOYEE INFORMATION:

Please print.

Name: _____ Employee ID# _____

School/Department: _____ Job Title: _____

Today's Date: ____ / ____ / ____ Hire Date: _____ Supervisor: _____

Status: ARE YOU Full-Time Part-Time Temporary(sub)

REASON FOR REQUESTING LEAVE:

- Sick Leave** – Must be requested not less than **ten (10) days in advance** and **must have a physician's statement**.
- Maternity Leave** - Must be requested not less than ten (10) days in advance and **must have a physician's statement**.
- Childcare Leave** – must be requested in writing at least thirty (30) days in advance, and notify the Superintendent by July 10th of intent to return to duty, request additional leave, or resignation.
- Military Leave**
- FMLA Leave** – to be used after an employee has exhausted all leaves provided under their union agreement.

DURATION OF LEAVE:

Leave expected to begin: ____ / ____ / ____ Leave expected to end: ____ / ____ / ____

If intermittent or reduced-leave schedule is being requested, please explain why it is needed and the proposed leave schedule:

EMPLOYEE CERTIFICATION AND SIGNATURE:

I certify that the above information is true and correct to the best of my knowledge:

Employee signature: _____ Date: ____ / ____ / ____

Supervisor signature: _____ Date: ____ / ____ / ____

Assistant Superintendent signature: _____ Date: ____ / ____ / ____

Sick Leave or Maternity Leave must include:

- 1. Doctor's Excuse giving start of leave and expected date of return, and**
- 2. Return-to-Work Release from physician before returning to work.**

For further detailed information on leaves of absences, please consult your union contract.