

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: Full-Time Part-Time Temporary

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 10 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.

Sick Leave or Maternity Leave must have a Return-to-Work Release from physician before returning to work.

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: ____ / ____ / _____

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