

**Leave of Absence Request
The School District of Okeechobee County**

EMPLOYEE TYPE: Administrator Instructional Non-Instructional

_____ *Today's Date*

_____ *Name (Last, First MI)*

_____ *Last Four Numbers SSN*

_____ *Address*

_____ *Phone Number (Home & Cell)*

_____ *Position Title*

_____ *Location Name*

Length of Leave Requested: _____ - _____

First work day on leave

Last work day on leave

Type of Leave Requested

Documentation Required in Addition to this Form as defined by Contract

- | | |
|---|---|
| <input type="checkbox"/> FMLA

<input type="checkbox"/> Personal Leave without Pay

<input type="checkbox"/> Professional Leave
(Instructional Personnel)
<input type="checkbox"/> Military Leave | <ul style="list-style-type: none"> · Employee's detailed, written request signed by supervisor · Certification of Health Care Provider (WH-380-E or F) · Employee's detailed, written request signed by supervisor · Doctors statement (if request is for medical reason) · Employee's detailed, written request signed by supervisor · Copy of military orders |
|---|---|

Explain your reasons for requesting leave. *This must be completed by all employees – Use a separate sheet if necessary.*

IT IS THE EMPLOYEE'S RESPONSIBILITY TO INSURE RECEIPT OF THE COMPLETED APPLICATION (WITH REQUIRED DOCUMENTATION) BY THE DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION, TO INFORM THAT OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE (contact OSCB's Finance Department for further information), AND TO PROVIDE PRIOR TO THE LEAVE EXPIATION DATE, A WRITTEN STATEMENT (WITH REQUIRED DOCUMENTATION) OF THE INTENT TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE. Failure to adhere to these terms or to the conditions under which leave is granted could result in termination. Leave of absence shall not be granted for incarceration.

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any omission and/or false statement on this application may result in dismissal from employment.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Copy: Employee; Retain copy for Site records; Send original to Human Resources.