PER-16
12/95

DURHAM PUBLIC SCHOOLS
APPLICATION FOR LEAVE OF ABSENCE

PRINT IN BLACK INK OR TYPE:

Name _____ Social Security No. _____

Address _____ City/State _____ Zip _____

Phone No. _____

School/Location _____ Area of Job Assignment _____

I authorize the superintendent to request, on my behalf the following:

A. Under the Family Medical Leave Act

_____ Family leave of absence (expected date for delivery_____)

_____ Medical leave of absence for the following: ☐ Self ☐ Family Member

B. Other Leave

_____ Name _____ Relationship

_____ Educational leave of absence (certified only)

_____ Other: (specify Military Leave, etc.) _____

My last day of work will be _____. Date

I plan to use paid leave as follows:

Check	Type Leave	Days/Hours	Dates
	Sick Leave		
	"Reason A" Days (if applicable)		
	Extended Sick Leave (20 days)		
	Personal Leave (if applicable)		
	Annual Leave (if applicable)		
	Holiday(s)		
	No leave will be used		

(All available leave must be verified by the Payroll Department before final approval)

My leave without pay will begin on _____ Date and end on _____ Date

I plan to return to work on _____ Date

I understand that I must, if possible, inform my principal or immediate supervisor in writing of any changes in the plans outlined above at least two weeks prior to the date of anticipated absence. In case of emergency conditions, I hereby authorize (listed below) to notify Human Resources, in writing, on my behalf if I am unable to do so.

_____

Name Relationship Phone No. Address

_____ _____

Employee's Signature Date Principal/Supervisor Signature Date

Instructions:

1. Appropriate original verifications must be attached before application can be processed.
2. Return this form 30 days prior to the effective date to Durham Public Schools, Human Resources, P. O. Box 30002, Durham, NC, 27702.
3. If you have not already done so, please contact the benefits section of Human Resources to ensure that insurance coverage will continue or if you need help in completing this form.
4. Retain a copy of this form for your files and give a copy to your principal or immediate supervisor.

WHITE COPY - HUMAN RESOURCES YELLOW COPY - PRINCIPAL/SUPERVISOR PINK COPY - EMPLOYEE