



LEAVE FORM

Completion of this form does not guarantee qualification for placement on leave. Certain factors affect whether an employee qualifies for leave. See applicable policies for more information. This form is completed by the Location Coordinators (LC) for the non-PAS locations and the HR Generalist for all other locations.

Employee Name: _____ Job Title: _____
 Employee personal email address: _____ Cell #: _____
 Benefit Status: _____ Date of Hire: _____
 Location Name: _____ ADP Company Code: _____
 Supervisor: _____

| Type of Leave | Start Date (Subject to change) | Return Date (Subject to change) |
|------------------------------------|-----------------------------------|------------------------------------|
| FMLA | | |
| Medical Leave | | |
| Parental Leave | | |
| Extension of Leave w/o benefits | | |
| Personal Leave | | |
| Military Leave | | |

Short Term Disability (STD): If the employee is enrolled in STD, please have them contact The Hartford at (888) 301-5615 to begin the claim process. For more information, please see the Telephonic Claim Flyer on our website.

Effect of Leave on Benefit Deductions: Employees taking leave must continue to pay their own portion of health benefit plan premiums. The payment options offered to the employee are as follows:

- Payments will be made via (**check one**):
 - Payroll deduction upon their return until arrears balance = \$0.00
 - Monthly direct payments via checks to their location
 - One-time direct payment via check to their location
 - Other: _____

Personal Leave: Employees on Personal Leave must pay 100% of the monthly cost of their health benefits.
Current Time Off Balance: _____



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For Teachers Only for Accounting Pay Structure Calculation Purposes (Attach Holiday Schedule):

| | |
|--|--|
| Contract Amount | |
| Original Contract Length | |
| Daily Earned Amount (contract amount/190) | |
| Bi-weekly Pay Amount (contract amount/26) | |
| Number of Leave Days | |
| Number of Holidays During Leave Period | |
| Number of Holidays For The Calendar Year | |
| Current PTO Balance | |

Signatures:

Employee Signature

Date: _____

Supervisor's Signature

Date: _____