

FRANKLIN CENTRAL SUPERVISORY UNION

Request for Leave Form

Please complete the form in black or blue ink. Do not write in the shaded areas.

Employee Information

Name: _____ Status: Full Time Part Time Today's Date: _____

Work Location: Central Office Bellows Free Academy Northwest Tech Center Collins Perley
 St. Albans Town St. Albans City Fairfield

Employment Group: Administrator Teacher Educational Support Clerical Support Other Support
 Other than listed: _____

A leave of absence is requested for (dates) _____ for the purpose of (check the appropriate box below):

Personal Leave Personal Sick Family Illness Bereavement Professional Leave Field Trip
 Vacation Floating Holiday Other _____

Time taken: _____ (hours) AM hours or _____ (days). It is my intention is to return on or about _____
 PM hours

Is a substitute needed? Yes No Substitute Name: _____

School based leave attendant notes: _____

All Leaves

I understand that:

1. If my leave is granted, any time beyond contractual or agreed benefits will be unpaid time, unless specifically granted by the supervisor.
2. If I do not return to work at the end of the approved leave or extension, I may be terminated from employment.
3. I am responsible for reading and understanding the policies regarding leave of absences.
4. If granted a leave without pay, I may be responsible for paying 100% of the full monthly premium for any employee/dependent insurance for which I may be enrolled.
5. I understand that while on a leave without pay, a return to full employment may not always be possible and employment will always be subject to business conditions if any exist.

Family Medical Leave/Vermont Parental Leave

I understand that:

1. If I am granted a Family Medical Leave (FMLA) and I do not return to work for the FCSU or a member school, the district has the right to recover any health premiums due and related employer costs.
2. It may not be possible for the district to guarantee the same position upon my return from leave and I may be placed in an equivalent position. If I do not return to work at the end of the approved leave, I may be terminated from employment.
3. On return from FMLA, I will be requested to provide information regarding my being fit for work.

My signature below indicates that the information provided is correct and that the time off requested has been verified:

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Superintendents Signature: _____ Date: _____

School based administrators and SU Staff

Board Approved Board Not Approved

Leave form 7/18/07