



**REQUEST FOR LONG-TERM LEAVE OF ABSENCE
(Certified Personnel)**

Name of Employee _____ Social Security Number _____

School or Department _____ Type of Leave Sick Leave
 Military Leave
 Legislative Leave
 Unpaid Leave
 Other _____

I hereby request a long-term leave of absence from my duties, as _____ with the Bedford County School System, for a total of _____ teaching days. Understanding that all Leaves shall be requested, in writing, at least 30 days prior, I wish to begin leave on _____ and plan to return to my position on _____. I expect to use _____ sick days, _____ personal days, and/or _____ unpaid leave days. I am requesting a long-term leave for the following reason(s): _____

*(12) twelve weeks shall be granted under the Family Leave Act.

- I understand that a certificate from the physician, on forms furnished by the Board, may be required in support of any claim for sick leave pay. (Sick leave shall be defined as; illness of a teacher from natural causes or accident, quarantine, or illness or death of a member of the immediate family of a teacher, including the teacher's wife or husband, parents, grandparents, children, grandchildren, brothers, sister, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, and sister-in-law (TRR/MS 0520-1-2-.04(2.) A falsified statement shall be grounds for dismissal.
- I further understand that I forfeit my rights if I fail to proceed according to this request. I shall notify the superintendent in writing at least thirty (30) days prior to the date of return if I do not intend to return to my position. I further understand that failure to render such notice may be considered breach of contract.

Employee Signature

Date of Application

**Final approval pending the signature of the Superintendent

Signature _____
Supervisor/Principal

Date

Approved By _____
Superintendent

Date

***Any Leave of Absence Granted for a period of one (1) year shall not be extended beyond that year.