



DICKSON COUNTY BOARD OF EDUCATION

Hillary Hall

Director of Human Resources

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Dickson, TN 37055

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Phone 615-446-7571 Fax 615-441-1375

Employee Checklist for Leave of Absence

1. Inform your Principal or Direct Supervisor of leave and the description of the leave requested including the beginning and ending date of requested leave. _____
2. Review DCBE Leave Policies/Procedures. (Located on District Website)_____
3. Print and review District Leave of Absence Request form. (Located on District Website) _____
4. Review District Leave of Absence Request Form with Principal or District Supervisor and acquire Principal/Supervisor signature. Each leave requires an additional Leave of Absence Form. i.e. Maternity Leave and extended leave after birth of child. _____
5. Each leave should be accompanied with documentation. i.e. Doctor's with beginning and ending dates of leave request, extended leave letter of request to Dr. Weeks. _____
6. Contact HR office to schedule an appointment to review paperwork. _____
7. Contact Payroll office to schedule an appointment to review paperwork. _____
8. Return to work: A doctor's statement indicating release to work with no restrictions should be submitted to the HR office prior to return to work. Restrictions should be defined, include a time frame and a clear to work with no restrictions after return doctor's visit.

_____ **Process Complete.**

Leave of Absence Request

Dickson County Schools
 817 N. Charlotte Street • Dickson, TN 37055
 Phone: (615) 446-7571

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone #: _____ School: _____ Position: _____

Leave is requested from _____ to _____

Reason for Request: _____ Tenured teacher? Yes No

Check Type	Type of Leave Requested	Paid or Non-Paid Status
<input type="checkbox"/>	Military service	Paid: within the guidelines of policy 5.3060
<input type="checkbox"/>	Legislative service	Non-paid
<input type="checkbox"/>	Maternity	Paid: within the guidelines of policy 5.3020
<input type="checkbox"/>	Adoption	Paid: within the guidelines of policy 5.3020
<input type="checkbox"/>	Health (sick)	Paid: within the guidelines of policy 5.3020, 5.304
<input type="checkbox"/>	Educational Improvement	Non-paid
<input type="checkbox"/>	Other	Non-paid

All leave granted which also qualifies for benefits under the "Family Medical Leave Act" (FMLA) will run concurrently with FMLA benefits. Guidelines of policy 5.305

Please state how many sick days, personal days or days without pay will be used for this leave.

_____ Total number of days employee will be on leave _____ Total number of sick leave days to be used
 _____ Total number of personal days to be used _____ Total number of days without pay to be used

I hereby request a leave of absence from my duties with the Dickson County Board of Education. I understand I forfeit my rights if I fail to proceed according to this request. I shall notify the director in writing at least thirty (30) days prior to the date of return if I do not intend to return to this position. I understand failure to render such notice may be considered breach of contract.

 Applicant Date

 Principal approval Date

 Supervisor approval Date

 Director of Human Resources approval Date

 Director of Schools approval Date

Office Use Only-Initial & Date

HR _____ Date Received: _____ Scanned to PR: _____
 PR _____ Date Reviewed: _____ Date Completed: _____