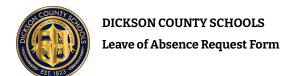


## **DICKSON COUNTY SCHOOLS**

## Employee Checklist/Steps for Completion of Leave of Absence Request \*\* This document is for employee use and reference. \*\*

<u>First:</u>
Print and review District Leave of Absence Request form and Employee Checklist/Steps for Completion of Leave of Absence checklist (Located on District Website).
Second:
Review DCBE Leave Policies/Dickson County Schools (Located on District Website).
Third:
Inform your Immediate Supervisor of the leave request and the description of the leave requested. Complete the District LOA Request Form-including the beginning and ending date of requested leave. Include doctor's note/documents to Immediate Supervisor to obtain signatures
<ul> <li>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, Paid Parental Leave and extended leave after birth of child.</li> </ul>
<ul> <li>If an additional leave or extended leave is needed or requested for the current LOA request-an additional District LOA Form should be completed with additional documents. Each leave should be accompanied with documentation. i.e. Doctor's note OR a letter to the Director of Schools requesting additional LOA time.</li> </ul>
Fourth:
Contact the Payroll Office to discuss and review benefits, paperwork and sick days, etc.
<ul> <li>After discussion with Payroll is completed, the HR Office will obtain appropriate signatures and send an approved copy of your leave request to you.</li> </ul>
<u>Fifth:</u>
Return to work: A doctor's statement indicating release to work with no restrictions should be submitted to Immediate Supervisor and CO (HR & Payroll) 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.
Checklist completed
<ul> <li>Inform your Immediate Supervisor of the leave request and the description of the leave requested. Complete the District LOA Request Form-including the beginning and ending date requested leave. Include doctor's note/documents to Immediate Supervisor to obtain signature.</li> <li>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, Paid Parental Leave and extended leave after birth of child.</li> <li>If an additional leave or extended leave is needed or requested for the current LOA request-an additional District LOA Form should be completed with additional document Each leave should be accompanied with documentation. i.e. Doctor's note OR a letter to Director of Schools requesting additional LOA time.</li> <li>Fourth:</li> <li>Contact the Payroll Office to discuss and review benefits, paperwork and sick days, etc.</li> <li>After discussion with Payroll is completed, the HR Office will obtain appropriate signaturand send an approved copy of your leave request to you.</li> <li>Fifth:</li> <li>Return to work: A doctor's statement indicating release to work with no restrictions should be submitted to Immediate Supervisor and CO (HR &amp; Payroll) prior to return to work. Restriction should be defined, include a time frame and a clear to work with no restrictions after return doctor's visit.</li> </ul>



Name:		Date:	Date:	
Address:		City, State, Zip:		
Phone #:	Scho	ol:Position:		
	sted from			
		Tenured teacher? $\Box$ Ye	s □ No	
Revision Leave	- e date(s) is applicable from: _	to		
Check Type	Type of Leave Requested	Paid or Non-Paid Status		
	Military service	Paid: within the guidelines of policy 5.3060		
	Legislative service	Non-paid		
	Maternity/PPL	Paid: within the guidelines of policies 5.3020, 5.3021		
	Adoption/PPL	Paid: within the guidelines of policies 5.3020, 5.3021		
	Health (sick)	Paid: within the guidelines of policies 5.3020, 5.304		
	Educational Improvement	Non-paid		
	Other	Non-paid		
Total nui Total nui I hereby reque forfeit my righ days prior to th	ts if I fail to proceed accordir	-	to be used  derstand I ast thirty (30)	
Applicant		Date		
Principal Appr	roval	Date		
Supervisor Ap	proval	Date		
Director of Hu	man Resources Approval	Date		
Director of Sch	nools Approval	Date		
		Office Use Only - Initial & Date		
HR		ate Received: Scanned to PR:		
PR	Da	ate Reviewed: Date Completed		