



DICKSON COUNTY SCHOOLS

Employee Checklist/Steps for Completion of Leave of Absence Request

** This document is for employee use and reference. **

First:

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.

- 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.

- 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.

Fourth:

Contact the Payroll Office to discuss and review benefits, paperwork and sick days, etc.

- After discussion with Payroll is completed, the HR Office will obtain appropriate signatures and send an approved copy of your leave request to you.

Fifth:

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



DICKSON COUNTY SCHOOLS
Leave of Absence Request Form

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone #: _____ School: _____ Position: _____

Leave is requested from _____ to _____

Reason for Request: _____ Tenured teacher? Yes No

Revision Leave date(s) is applicable from: _____ to _____

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/PPL	Paid: within the guidelines of policies 5.3020, 5.3021
<input type="checkbox"/>	Adoption/PPL	Paid: within the guidelines of policies 5.3020, 5.3021
<input type="checkbox"/>	Health (sick)	Paid: within the guidelines of policies 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
 _____ Total number of PPL days 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: _____