The School Board of Brevard County, 2700 Judge Fran Jamieson Way, Viera, FL 32940-6601

Leave of Absence Request **

Used for absences in excess of 5 consecutive days excluding Vacation

☐ Hourly ☐ Contract ☐ Original ☐ Addendum ☐ Void

Date: _____

Employee ID: _____

Employee's (Legal) Name: _____ **Hours Worked:** _____ **Sch/Dept. #:** 0000-Select One

Job Title: _____ **(Must match Board-approved job description title)**

Home Address: _____ **Phone Number:** _____

Leave Type	Begin Date	End Date	Total Days	Paid Sick		Sick Bank		PSK		VAC		W/C	Total Paid	Total Unpaid
				From	To	From	To	From	To	From	To	W/C	Days	Days
Medical ☐ Medical (attach cert or physician's statement)														
☐ FMLA (Cert. Req'd) **OR** ☐ Non-FMLA														
☐ Injury in line-of-duty (W/C) Note: See Risk Management														
Personal ☐ Reason _____ ☐ FMLA (Cert. Req'd) ☐ Union Leave														
Prof/Educational Study ☐ Attach course of study														
Military ☐ Attach Orders														

Benefit Continuation While on an Unpaid Leave of Absence

I understand that my insurance benefits will continue during my leave of absence and I will be responsible to directly pay for those benefits during any unpaid portion of the leave. I may make changes to or cancel my benefits by **submitting a Benefit Change form to the Employee Benefits office within 30 days of the first day of my *unpaid* leave.** Changes will be effective the first day of unpaid leave.

☐ Check the box at left if you are married to an actively-at-work, benefits-eligible BPS employee.

My signature below signifies that I have read all the information on this form and understand my rights and responsibilities, including those under the Family and Medical Leave Act (FMLA), if applicable. I certify that the information submitted on this request is accurate.

Signature of Employee: _____ Date _____

Principal/Admin/Supv _____ Date _____ ☐ Leave Approved ☐ Disapproved

Leave Dept. Representative _____ Date _____ ☐ Leave Approved ☐ Disapproved

****LOA Original: Employee Benefits (5 days or less retain at school/Dept.)**
(Absences in excess of 5 consecutive days excluding vacation submit to Employee Benefits)

Blue INK ONLY

**** Copies: Payroll/Employee/Department/HR Services**

03/03/21