

**THE SCHOOL BOARD OF WAKULLA COUNTY, FLORIDA
APPLICATION FOR BOARD APPROVED LEAVE OF ABSENCE**

TYPE OF EMPLOYEE: ADMINISTRATOR CERTIFIED CLASSIFIED

Name Last Four No. SSN EIN Number

Address: Street, City, State, Zip Code

Telephone Number (Home or Cell) Position Title (Subject/Grade, if applicable)

Location No. Location Name

DATES OF LEAVE REQUESTED

I wish to request a leave of absence for the ____ - ____ school year, effective at the close of work on _____.

-or, for shorter leaves of absence -

The dates of leave requested are: ____/____/____ to ____/____/____.

TYPE OF LEAVE REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> EXTENDED HEALTH OR DISABILITY
(beyond Family and Medical Leave) | <input type="checkbox"/> MILITARY
(attach notice to serve papers) |
| <input type="checkbox"/> PROFESSIONAL LEAVE | <input type="checkbox"/> FAMILY AND MEDICAL LEAVE |
| <input type="checkbox"/> LEAVE TO SEEK POLITICAL OFFICE | |
| <input type="checkbox"/> PERSONAL (indicate reason below) | |

All leaves granted at the request of an employee shall be for a particular purpose or cause. My reason(s) for requesting this leave is:

Per Policy 6.50, I understand that leave requests for extended leave to take another position for salary shall be denied absent extenuating circumstances approved by the School Board. Per Policy 6.50, I understand accepting outside employment while on leave of absence may subject me to termination. **I am aware that I may be eligible to apply for Family/Medical Leave (FMLA).**

_____ Employee's Signature	_____ Date	_____ Administrator's Signature	_____ Date
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OFFICIAL USE ONLY

Approved/Denied:	Previous Leaves:
Employment Date:	Last Duty Date:
Certification Expiration:	