

**REQUEST FOR LEAVE**  
 (for more than five (5) consecutive days)  
**Return to Human Resources Department, Rutherford County Schools**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Emp. # \_\_\_\_\_  
 School/Dept. \_\_\_\_\_ Position: \_\_\_\_\_

**Beginning date:** \_\_\_\_\_ **Ending date:** \_\_\_\_\_ **Total # of days:** \_\_\_\_\_  
 (first day off work) (last day off work) off work

**Provide the number of paid and non-paid days that will be used for this request:  
 (write in number of days)**

# Paid sick days: \_\_\_\_\_  
 # Non-paid days: \_\_\_\_\_  
 # Paid personal days: \_\_\_\_\_  
 # Paid vacation days: \_\_\_\_\_ (12 month employees only)

For office use only	
Verified / *Revised dates	
Paid days	_____
Non-paid days	_____
Paid personal days	_____
Vacation days	_____
*Revised Dr's note rec'd	_____ *Revision approved _____
Interim name (if applicable) _____	

**Check type of leave requested: (check all that apply)**

- Sick: \_\_\_\_\_ (attach physician's statement specifying dates of disability)
- Maternity: \_\_\_\_\_ (attach physician's statement specifying period of disability)
- Child Care: \_\_\_\_\_ (request must be submitted contemporaneously with maternity leave)
- Military: \_\_\_\_\_ (attach military orders)
- Adoption: \_\_\_\_\_ (attach verification / date of adoption)
- Jury Duty: \_\_\_\_\_ (attach summons)
- On the Job Injury: \_\_\_\_\_ (attach first injury report)
- Bereavement: \_\_\_\_\_ (attach documentation- limited to two days per event for death of immediate family member – husband, wife, children, parents, grandparents, brother, sister, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, grandchildren Attach obituary notice.

**In-service: (check one option) contact the Teacher Center with questions regarding in-service hours**

\_\_\_\_\_ I intend to complete 12 hours of in-service per my 200 day contract this school year

\_\_\_\_\_ I relinquish \_\_\_\_\_ hours to be completed by my interim replacement during my leave  
**(write a number from 1-12)**

**FMLA:**

FMLA certification must be submitted for any qualifying event. See page two for a list of qualifying FMLA events. Human Resources can provide additional assistance.

FMLA application is attached? \_\_\_\_\_yes \_\_\_\_\_no

Employee	Date	Principal/Supervisor	Date
Director of Schools/Designee	Date		Modified 01/17

**Office use only:**

This request meets FMLA qualifications? \_\_\_\_\_yes \_\_\_\_\_no

## REQUEST FOR EXTENDED LEAVE OF MORE THAN FIVE (5) CONSECUTIVE DAYS - GUIDELINES

- Pursuant to Rutherford County Board of Education Policy 5.302, any claim for a leave period of more than five (5) consecutive days requires submission of a physician's statement along with the completed leave form.
- Employees requesting extended / maternity leave must submit a physician's statement verifying disability / pregnancy along with the completed leave form. Pursuant to board policy, employees requesting extended / maternity leave may use all or a portion of accumulated sick leave for maternity / disability purposes during the period of physical disability only, as determined by the physician's statement. Any combination of sick and non-paid days may be used, however any designated sick days must be used on the front end of the leave, including leaves that run concurrently.
- Childcare leave must be requested contemporaneously with the request for maternity leave. Childcare leave is non-paid.
- Pursuant to Rutherford County Board of Education Policy 5.305, Family Medical Leave Act, employees who have been employed for the previous 12 month period (July 1-June 30) and have worked at least 1, 250 hours during the previous 12 month period shall be eligible for 12 weeks of leave during any 12 month period ( July 1 – June 30)for one or more of the following reasons:
  - Incapacity due to pregnancy, prenatal medical care or child birth
  - Care for the employee's child after birth, or placement for adoption or foster care
  - Care for the employee's spouse, son, daughter, or parent who has a serious health condition
  - A serious health condition that makes the employee unable to perform his/her job
  - Military qualifying exigencies for eligible employees with a spouse, son, daughter or parent on active duty or a call to active duty status
  - Military leave entitlement for eligible employees to care for a service member who has a serious injury or illness in the line of duty on active duty
- Request for FMLA leave shall be filed on the Family and Medical Leave Act Certification form and include all required information.
  - The employer shall maintain coverage under the "group health plan" for the professional employee who is approved for FMLA, up to 12 work weeks during any 12 month period, at the level and under the conditions coverage would have been provided if the employee had continued employment continuously for the duration of such leave.If the professional employee is not eligible under the conditions of FMLA, the professional employee shall have the opportunity to continue health coverage at their own expense while on leave, up to one calendar year. The professional employee shall have the opportunity to continue all fringe benefits at the employee's own expense while on leave.
- Included in the Rutherford County School System calendar is an allocation of 12 hours of in-service pay for the completion of independent in-service hours and in no case shall the total independent in-service hours paid to any one position exceed twelve hours. The 12 hours of in-service belong to the teacher of record. If the teacher takes leave, he/she has the option to relinquish a specified number of hours and associated pay to the interim teacher. The number of hours relinquished to an interim teacher must be noted on the "Request for Leave" form, page 1.

While on approved leave, employees are not eligible to attend in-service sessions sponsored by Rutherford County Schools.
- Any revisions to the original Leave form must be made through the Human Resources Department at 893-5812.

## INSURANCE BENEFITS –

### Dependent Coverage

Insurance benefit elections are allowed only under certain conditions. A benefit eligible employee has 30 calendar days from their date of hire to elect coverage for themselves and/or eligible dependents. Eligible dependents include a current legal spouse, natural, adopted, step or foster children. Verification of the dependents eligibility is required to add a child (up to age 26) or spouse to Medical and/or Dental benefits. A complete list of eligible dependents and acceptable documents required to provide eligibility is located on the Risk Management website at <http://www.rutherfordcountyttn.gov/rm/benefits.htm>. Click on Dependent Verification Information Sheet. The required documentation must be provided to the Risk Management Department no later than 60 calendar days from an employee's date of hire to avoid removal of dependent(s) added.

A benefit eligible employee may request a special enrollment due to a qualifying life event such as a birth, adoption, marriage, divorce, or loss of coverage for employee or eligible dependent. In order to make a change in coverage due to a life event, the employee must notify the Risk Management Department within **30 calendar days of the qualifying event** and provide documentation to prove eligibility for any dependent added. A list of eligible Life Status Changes is available online at <http://www.rutherfordcountyttn.gov/rm/benefits.htm>.

Contact the Risk Management Department at 898-7715 for any further questions.

### Short Term / Long Term Disability

Questions related to short or long term disability benefits must be directed to the Risk Management Department at 615-898-7715 or to the provider that oversees that benefit.