

Sick Leave Information: Per the board policy (GGBB) of Chesterfield County School District, an employee must request a leave of absence if absence more than five (5) consecutive days. Thus, this form should be completed by the employee and given to the principal/supervisor for disposition. Upon signature of the principal/supervisor, this form should be hand delivered or faxed immediately to the attention of Crystal Cutchin, Benefits Administrator, at (843) 623-5506 for processing. **Support documentation is required for any type of leave of absence.**

The personnel office will verify your eligible sick leave and/or vacation leave balance. However, you may complete the worksheet below for a projected determination of your eligible sick leave. **Please bear in mind that once a leave of absence is necessary, you cannot use unearned sick leave and/or vacation leave. Thus, you may only use sick leave and/or vacation leave accrued through your last day worked. Since sick leave days are advanced per your date of hire or start of a new school year, your current payroll stub does not reflect the number of sick leave days that you can apply to a leave of absence.**

Please note the Sick Leave Earnings Table below to determine your projected eligible sick leave days to apply to your leave of absence. If you are eligible for vacation leave, your eligible balance should be listed on your current payroll stub. For your convenience, please make a front/back copy of this form.

<p><u>*SICK LEAVE EARNINGS TABLE</u></p> <p>09-mos. full-time employee accrue sick leave at a rate of 1.00 per month. 10-mos. full-time employee accrue sick leave at a rate of 1.09 per month. 11-mos. full-time employee accrue sick leave at a rate of 1.17 per month. 12-mos. full-time employee accrue sick leave at a rate of 1.25 per month. *In addition, a 12-mos. employee accrues vacation leave at a rate of .83 or higher per month based on his/her district years of experience.</p>
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WORKSHEET TO BE COMPLETED BY THE PERSONNEL OFFICE

1. Prior year balance _____

2. This year's actual earnings _____ (based on the breakdown below)

Use the Sick Leave Earnings Table above and insert your applicable earning for each month worked. Do not list any earning for any month you have not worked.

Jul _____ Sep _____ Nov _____ Jan _____ Mar _____ May _____
 Aug _____ Oct _____ Dec _____ Feb _____ Apr _____ Jun _____

3. Absences for this year _____ (based on the breakdown below)

Determine how many days you have been absent for each month and write it on the line beside the applicable month.

Jul _____ Sep _____ Nov _____ Jan _____ Mar _____ May _____
 Aug _____ Oct _____ Dec _____ Feb _____ Apr _____ Jun _____

4. Line 1 _____ + Line 2 _____ = _____

(minus) _____ Line 3

= _____ **TOTAL (eligible sick leave days to apply).**

Notes:

CHESTERFIELD COUNTY SCHOOL DISTRICT

401 West Boulevard/Chesterfield, South Carolina 29709 (843) 623-2175

FMLA OR PERSONAL LEAVE OF ABSENCE FORM (Revised 07/06)

Upon completion, please hand deliver or fax this form to (843) 623-3379 Attn: Sabrina Nichols

Employee Request: Please circle one below based on your circumstance.

MEDICAL FAMILY/MEDICAL MATERNITY WORKER'S COMP MILITARY PERSONAL

*Note: Certified personnel must be paid by the district 152 days during an academic year to receive a year's certification.

Name: _____ SSN _____ Telephone # _____

Home Address _____ City/State _____ Zip Code _____

I, _____, do hereby request a leave of absence from work effective _____ to continue through _____. **Note: Even if you are unsure of the exact date that you will be able to return to work, it is necessary that you list a projected date.**

As of today, I certify that my last day of absence was _____. Note: If you have not missed a day from work this school year, please indicate none.

_____ Yes, apply eligible sick leave days _____ No, do not apply eligible sick leave days
_____ Yes, apply eligible vacation days _____ No, do not apply eligible vacation leave days

If my leave of absence results in a leave without pay, I am interested in the following matters.

*** Please circle your answers.

Continuation or Discontinuation of contributions to the South Carolina Retirement Systems or Optional Retirement Plan.

Continuation or Discontinuation of insurance and benefits coverage both State and voluntary. Please explain:

If this leave of absence is medically related, I understand that I will be required to have my doctor complete a Certification of Physician Form as requested by the personnel office. Further, I understand that I must submit support documentation or an updated physician's statement to the personnel office every thirty days.

_____(SIGNATURE OF EMPLOYEE) School/Loc: _____

PRINCIPAL OR SUPERVISOR'S DISPOSITION

I recommend the request be approved _____ disapproved _____

_____(SIGNATURE) DATE: _____

DISPOSITION BY THE PERSONNEL DEPARTMENT

Prior Leave Balance _____ + Earned _____ (minus used) _____ = _____ Eligible Sick Leave

_____ Eligible Vacation Leave Verified by: Crystal Cutchin _____

I recommend the request be approved _____ disapproved _____

_____(DIRECTOR OF PERSONNEL) DATE: _____

C: Employee Principal/Supervisor Payroll File