Human Resources Division
400 N Church St
Monroe NC 28112
Ph (704) 296-9898
Fax (704) 289-9154

Request for Leave Extension

This form is required for leave requests that extend beyond your original return to work approval date.

This form must be completed and submitted to your supervisor for signature **before** forwarding to Human Resources.

Last 4 of SSN: XXX-XX-_____

Legal Name: _____ _____ _____
Last First Middle

Address: _____ _____ _____
Street City State ZIP

Primary Contact's Number: (____) _____ Email address: _____

School/Department: _____ Position:_____

I am requesting to extend my leave of absence:

My first day out of work was: _____ **(Date Required)**

I plan to return to work on: _____ **(Date Required)**

Reason for Extension:

- ☐ Due to my own serious medical condition
- ☐ Due to Maternity/Parental Leave
- ☐ Immediate family member with a serious medical condition
  - Relationship of family member (e.g. parent, child, spouse): _____
  - If child, include age: _____
- ☐ Intermittent Leave Beginning: _____
- ☐ Other: _____

During my leave extension, I would like to use the following benefits (in accordance with NC Department of Public Instruction and UCPS Board of Education guidelines):

- ☐ Sick Leave (available for period of medical disability of self or immediate family member)
- ☐ Annual Leave *
- ☐ Personal Leave (available to classroom teachers and media coordinators only)
- ☐ Bonus Leave / Comp Leave
- ☐ Extended Sick leave **
- ☐ Voluntary Shared Leave *** (**must complete a separate application sent by your Payroll Specialist if applicable**)

Revised: 12/2021

* Employees who require a substitute (teachers, media coordinators, EC Instructional Assistants) can only use annual leave for serious medical condition of self and parental leave.

** Extended sick leave is available to classroom teachers and media coordinators only. It can only be used for personal illness after exhaustion of available sick leave and annual leave. Use of extended sick leave is limited to the first 60 consecutive calendar days of absence, if eligible for benefits from the NC Disability Income Plan.

***Voluntary Shared Leave can be used after exhaustion of available sick leave and annual leave. Shared leave can only be used during the time an employee or an employee's immediate family member is considered medically disabled by a physician. Use of shared leave is limited to the first 60 consecutive calendar days of absence if eligible for benefits from the NC Disability Income Plan.

Required Supporting Documentation:

Extension for Medical Leave for Self or Immediate Family:

You will be required to provide Human Resources with the necessary revised doctors' notes within 15 calendar days of submitting the leave extension if leave is due to the serious medical condition of yourself or an immediate family member.

Important Information

All information included on your leave extension request must be accurate. Misrepresentation may result in denial of leave and/or disciplinary action.

Please complete the entire leave extension request. Submitting an incomplete application may result in the denial of your leave extension.

If your leave extension is due to personal illness, a medical release from a physician is required to be submitted to HR **prior** to returning to work.

Licensed staff: Please contact your Licensure Specialist to determine how extending your leave may affect your time for experience credit or beginning teacher credit.

Paid leave: If in paid status, you will continue to accrue leave and your benefits will be payroll deducted. If in unpaid status, you will not earn leave and will not earn credit in the Retirement System.

Please contact your Payroll Specialist to discuss your available leave and if you may benefit from applying for Voluntary Shared Leave. If your leave extension request is approved, you will be provided a Revised Leave Calendar to outline how you will be paid during your extended time out.

Insurance Premiums

Please contact a Finance Benefits Accountant to change or cancel your insurance coverage.

Benefits cancelled during Family and/or Medical Leave will not be reinstated automatically: You must contact the Finance Benefits Accountant(s) within 30 days of returning to work for enrollment instructions

Adding a Family Member: If you plan to add a family member, you must do this within 30 days of the qualifying event.

Unpaid Leave and Insurance Premiums: If your leave is unpaid, you will be responsible for all insurance premiums that are normally payroll deducted. A bill will be sent for each pay period a check is not processed by the Payroll Department. If no payment is submitted, your insurance will lapse, and then cancel after a 30 day grace period.

Please Note: You may be responsible for the employer's cost of health insurance ($647.86 per month) and group term life insurance($0.75 per month) for any unpaid leave that is not approved by FMLA leave.

Disability Income Plan of NC (DIPNC): If you believe your leave may extend past 60 calendar days, please contact your HR Benefits Coordinator. **Please note:** If you are filing a Colonial claim, your Payroll Specialist can complete the employer's section for you.

Family and/or Medical Leave Act (FMLA):

FMLA allows an employee to take up to 12 workweeks of job-protected leave due to a qualifying event (serious medical condition of self, serious medical condition of parent/spouse/child, birth of child, and adoption/fostering of child). I understand I must be employed with UCPS for at least 1 year and have worked 1,250 hours over the past 12 months in order to be eligible for FMLA.

I understand my leave will be preliminarily designated as FMLA in accordance with federal law. FMLA will begin with my first day of absence even if I have leave to cover my absence.

Human Resources will confirm my eligibility status once my application and supporting documentation has been submitted.

UCPS must pay the employer's cost of health and group term life insurance while I am on approved FMLA leave.

I have received and reviewed the Employee Rights and Responsibilities under the Family and/or Medical Leave Act. I have read and understand the request for leave and FMLA information that has been provided to me.

_____	_____	_____
Employee's Printed Name	**Employee's Signature**	**Date**
_____	_____	_____
Supervisor's Printed Name	**Supervisor's Signature**	**Date**

Please submit completed application and supporting documents to:

Union County Public Schools
Attn: Human Resources Benefits Coordinator
400 North Church Street
Monroe NC 28112
Fax: (704) 289-9154

Human Resources Use Only:

Your request for leave extension has been: ☐ **Approved** ☐ **Denied**

Date Leave began: _____ **You are expected to return**: _____

You are eligible for FMLA. Your eligibility period is from _____ to _____

You are not eligible for FMLA due to: _____

_____

Signature of approving officer: _____ **Date**: _____

Date approval status mailed: _____