UCPS
UNION COUNTY PUBLIC SCHOOLS

400 N Church St, Monroe, NC 28112
Ph (704) 296-9898 Fax (704) 283-9834

Request for Leave of Absence

Required for leave that extends more than 10 consecutive working days

This form must be completed and submitted to your supervisor for signature **BEFORE** forwarding to Benefits.
Please submit request and supporting documentation at least 30 days before leave begins, when possible.

Last 4 of SSN: XXX-XX-_____ Employee Badge Number: _____

Legal Name: _____
Last First Middle

Address: _____
Street City State, Zip

Phone Number: (____) _____ Email address: _____

School/Department: _____ Position: _____

My first day out of work will be: _____ I plan to return to work: _____
(Date Required) **(Date Required)**

Reason for leave:

☐ Due to my own serious medical condition

☐ Pregnancy Due date: _____
(typically 6 weeks normal delivery/8 weeks C-Section)

For pregnancy, please submit application no earlier than 1-2 months prior to the birth of the baby.

☐ Parental Leave

☐ Placement of a child for either adoption or foster care

☐ Immediate family member with a serious medical condition:

Relationship of family member (e.g. parent, child, spouse): _____

If child, include age: _____

☐ Intermittent Leave beginning: _____

☐ Military Service

☐ To further my education (unpaid leave)

☐ Other: _____

Revised 11/2024

During my leave, 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	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.
☐ Personal Leave	Available to classroom Teachers and Media Coordinators only
☐ Bonus / Comp Leave	
☐ Extended Sick Leave	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.
☐ Paid Parental Leave	This leave requires documentation of birth or placement (if applicable) during the term of the leave.
☐ Voluntary Shared Leave ***You must complete a separate application sent by your Payroll Specialist if applicable***	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:

Medical Leave for Self: Your physician must complete the **WH-380E** ***for your own serious health condition***.

Medical Leave for Immediate Family: Your family member's physician must complete the **WH-380F** if you are out to care for an ***immediate family member's serious health condition.***

The doctor's certification must be completed and sent to Benefits within 15 calendar days of submitting your leave application or your leave request will be denied due to insufficient information.

Parental Leave: Submit proof of birth.

Educational Leave: Submit documentation verifying full-time enrollment at an accredited college or university with a description of the program and the duration of the program. Must be unpaid leave.

Military Leave: Submit copy of military orders.

Adoption/Fostering: Submit copy of adoption/foster agreement.

Important Information

All information included on your leave request must be accurate. Misrepresentation may result in denial of leave and/or disciplinary action. *Please complete the entire leave request. Submitting an incomplete application may result in the denial of your leave.*

If this is a work-related injury please notify your supervisor immediately for steps to file a Workers' Compensation Claim.

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

Leave Status: 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, you will not earn credit in the Retirement System, and you will be billed for your insurance premiums. Please contact your Payroll Specialist to discuss your available leave and if you may benefit from applying for Voluntary Shared Leave. If your request for leave is approved, you will be provided a leave calendar to outline how you will be paid during your leave.

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

Changes to Duration of Leave: If you need to extend your leave, you are required to submit a Request for Leave Extension Application. You will also be required to provide the Benefits Coordinator with a new doctor's certification if the extension is due to the serious medical condition of yourself or an immediate family member.

Insurance Premiums

Please contact the appropriate Finance Benefits Accountant to change or cancel your insurance coverage:

Insurance	Benefits Accountant	Contact Information
State Health Plan *Dental* *Vision*	Tammy Maske	tammy.maske@ucps.k12.nc.us (704) 296-5485
Flexible Spending *Colonial Products* *Group Term Life Insurance*	Kelly Poindexter	kelly.poindexter@ucps.k12.nc.us (704) 296-1013

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 paycheck is not processed by the Payroll Department. If no payment is submitted, your insurance will lapse and cancel. **Please Note:** for any unpaid leave that is not approved by FMLA or if your FMLA period has ended, you will also be responsible for the employer's cost of health insurance **($674.62 per month)** and group term life insurance ($0.75 per month).

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. Benefits 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: https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/fmlaen.pdf
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: Benefits Coordinator
400 N. Church Street
Monroe, NC 28112
Fax: (704) 283-9834

District Office Use Only:

Your request for FMLA leave has been: ☐ Approved ☐ Denied **Return to work date:**_____

☐ **You are eligible for FMLA:** Your eligibility period begins: _____ to: _____

☐ **You are not eligible for FMLA due to**: _____

_____

_____

☐ **You are eligible for a Non-FMLA Medical leave of absence:** Beginning:_____ to: _____

NOTES: _____

_____

_____

Signature of approving officer: _____ Date: _____

Notification of FMLA Eligibility: _____ Date approval status mailed: _____