

ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

108 Woodrow Avenue, St. Clairsville, Ohio 43950 • Phone: (740) 695-1624 • Fax: (740) 695-1627 • Website: stcschools.com

APPLICATION FOR FAMILY MEDICAL LEAVE OR CHILD-REARING LEAVE

NAME: _____

ANTICIPATED LEAVE DATE: _____

ANTICIPATED RETURN DATE: _____

REASON FOR ABSENCE: _____

TYPE OF LEAVE:

_____ PAID

IF PAID: _____ NUMBER OF SICK LEAVE DAYS (MAX OF 8 WEEKS FOR MATERNITY LEAVE)

_____ NUMBER OF PERSONAL LEAVE DAYS

_____ UNPAID

IF UNPAID: _____ NUMBER OF UNPAID DAYS

APPROVAL IS REQUIRED BEFORE TAKING LEAVE

EMPLOYEE SIGNATURE: _____ DATE: _____

BUILDING PRINCIPAL APPROVAL: _____ DATE: _____

SUPERINTENDENT APPROVAL: _____ DATE: _____

PLEASE RETURN THE COMPLETED FORM TO THE SUPERINTENDENT'S OFFICE