



CORRY AREA SCHOOL DISTRICT  
 540 E PLEASANT ST  
 CORRY PA 16407

**EXTENDED LEAVE OF ABSENCE REQUEST**

*To be submitted by ANY employee who will be or has been absent from duty beyond 5 days.  
 Leave may be subject to School Board approval. Leave of 45 days or more requires School Board approval.*

Total # of days requested: \_\_\_\_\_ Start date: \_\_\_\_\_ Return date: \_\_\_\_\_

**NOTE: If leave days change, please submit changes IN WRITING to the Superintendent.**

THE REASON FOR MY LEAVE (See descriptions on second page):

- Child Rearing Leave\*  Medical Sabbatical Leave\*
- Family Medical Leave (Self)\*^@  Educational Sabbatical Leave
- Family Medical Leave (Family Member)^@  National Guard Duty
- Sick Leave\*  General Leave

\*A Return to Work order will be required from your tending physician prior to your return.

^Additional specific paperwork is required and must be obtained from the Superintendent or Business Manager.

@Requires 1250 hours of actual working time (paid time off such as holidays, sick, vacation, personal days do not count.)

<b>BENEFIT DAYS</b> (Check and complete all that apply to your leave request.)			
	# of Days	Start Date	End Date
<input type="checkbox"/> Personal Days			
<input type="checkbox"/> Sick Days			
<input type="checkbox"/> FMLA Self <i>(Additional paperwork required.)</i>			
<input type="checkbox"/> FMLA Family Member <i>(Additional paperwork required.)</i>			
<input type="checkbox"/> Vacation Days			
<input type="checkbox"/> Unpaid Days			

\_\_\_\_\_  
 Employee's PRINTED Name

\_\_\_\_\_  
 Building

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Superintendent or Business Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Board Approval Date (If applicable)

(Please see CBA for more detailed information)

1. **CHILD REARING LEAVE:** Upon the birth of a child, or adoption of a child under the age of six at the time of the adoption, child-rearing leave not to exceed one year shall be granted at the request of an employee. Written notice shall be given to the Superintendent at least 30 days before the leave begins. **NOTE:** A return to work form is required for any medical leave
2. **FAMILY MEDICAL LEAVE:** Unpaid leave with sufficient Doctor's explanation of self or immediate family need - up to twelve weeks per calendar year **NOTE:** A return to work form is required for self medical leave
3. **GENERAL LEAVE:** Unpaid medical/personal leave. A leave of absence without compensation. **NOTE:** A return to work form is required for any medical leave
4. **SABBATICAL LEAVE:** (Medical/Educational) An employee that has rendered at least ten (10) years of satisfactory service in the Commonwealth. At least five (5) consecutive years of that service with the Corry Area School District. (50% pay for up to one year every 7 years)
5. **SICK LEAVE:** The use of automatic benefits provided by law for short- term illness. Please attach a medical excuse from a licensed physician.
6. **NATIONAL GUARD DUTY:** Used when an employee is called for emergency duty in the National guard during the regular school term.