



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):

- | | |
|---|---|
| <input type="checkbox"/> Child Rearing Leave*
<input type="checkbox"/> Family Medical Leave (Self)*^
<input type="checkbox"/> Family Medical Leave (Family Member)^
<input type="checkbox"/> Sick Leave* | <input type="checkbox"/> Medical Sabbatical Leave*
<input type="checkbox"/> Educational Sabbatical Leave
<input type="checkbox"/> National Guard Duty
<input type="checkbox"/> 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.

BENEFIT DAYS (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.