NEWPORT NEWS PUBLIC SCHOOLS

Application for Leave of Absence Clear Form

Leaves of Absence are provided to eligible employees under the provisions of NNPS School Board Policy GCCA, attached.

Employee ID #:_____ Employee Name: _____

Job Title: _____ Work Location:_____

Supervisor Name: _____

Reason for leave Request: (Check one)

- ☐ Medical Leave for Personal Illness/Disability – Requires physician certification
- ☐ Educational Leave – Provide details of academic program with notice of acceptance
- ☐ Family Hardship Leave – Provide reason and supporting documentation
- ☐ Military Leave – Provide orders or supporting documentation

Duration of Leave:

Start Date: _____ Expected Return Date: _____

Optional Benefits:

Please check all that apply:

I am currently enrolled in:

____ Health Dental Vision

While on Leave, I intend to continue:

Health Dental Vision

Employee Signature: _____

Office Use

Available sick leave: _____ vacation days: _____ Retirement Plan: VRS1 VRS2 VRSH NNERF
(circle one)

- ☐ Eligible to apply for disability retirement

When will paid leave expire?_____

Health Plan: _____ Cost:_____ Dental Plan: _____ Cost: _____

Vision Plan: _____ Cost: _____

- ☐ Appropriate documentation is attached.

HR approval: _____ Date:_____