REQUEST FOR EMPLOYEE LEAVE OF ABSENCERequests for a leave of absence *must* be signed by the employee ate supervand accompanied by any other required documentation (ex: FMLA form). ate supervisor

	Name (Prin	nt)	ID # 912	
	Work Location		Position	
	Leave of A	bsence Dates: Begin	End	
A.	Leave of	Absence Request (Please che	eck one):	
	1	hours during the 12-month time fran due to the birth/care of newborn chil member as defined in Cabell County condition hindering the employee fra	been employed with Cabell County Schools for at least 12 months and wo ame. Up to 12 weeks of paid (if employee has earned/accrued sick/persona hild, adoption/care, employee providing care for spouse, child, parent (or o ty Policy 3431; 4431) with a serious health condition, or the emplo from performing the functions of their position. Cabell County Policy 3430 ired: FMLA Form for Employee or Family Member	l days) or unpaid leave ther immediate family <u>serious</u> health
	2.	This leave provides up to 12 weeks of leave, due to birth or adoption of a	lth care provider is required. Cabell County Policy 3430.03;4430.03	•
	3	Extended Leave: Unpaid leave for Cabell County Policy 3430.04; 4430.	r up to one (1) year for pregnancy, childbirth, or adoptive/infant bonding. 0.04	
	4		Service; Cabell County Policy 3437;4437 red: Military Leave Form and a copy of the Military Orders	