



Request for an Unpaid Long-Term Leave of Absence

Date Received by Disability
and Leaves: _____

To be completed by the employee

Completed forms are required to be submitted to the Leaves and Disability Section by **March 1st** for a leave for the upcoming school year if you are less than a 12-month employee or at least 30 days in advance of the requested leave date if you are a 12-month employee. Please include **the completed and signed Certification of Health Care Provider** (form D or E) when the request is based on a serious personal health condition or the care of a family member.

Name (First, Middle Initial, Last) _____		Date of Request _____	
Home Address _____	City _____	State _____	Zip _____
Employee ID Number _____	Home E-mail Address _____		Home Phone _____
Work Location _____	Region _____	Work Phone _____	
Position _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (specify) _____		

Type of Leave Requested

- ☐ **Designated (check below)** or ☐ **Non-designated** or ☐ **Study**
- ☐ Child Care ☐ Hardship
- ☐ Illness (select one) ☐ Active Military Duty
- ☐ Personal ☐ Student Teaching or Internship
- ☐ Family ☐ Professional Certification

Salary step increase approved by Licensure Office _____

Dates of Leave Requested

Beginning Date: _____ Ending Date: _____

I have read **Regulation 4822** and I understand that failure to request an extension of this leave of absence or to respond to the disability and leaves unit by the required deadlines will serve as a resignation in the absence of a separate letter of resignation.

Employee Signature _____ Date _____

To Be Completed by the Principal or Program Manager

- ☐ I am aware of the above employee leave of absence request.

Principal or Program Manager Signature _____ Date _____

Comments:

Approval is granted for the above employee leave of absence request.

Department of Human Resources – Disability and Leaves _____ Date _____

Return this form to:
Department of Human Resources
Office of Benefit Services, Disability and Leaves Section
8115 Gatehouse Road, Suite 2700
Falls Church, VA 22042