



# Clayton County Public Schools Division of Human Resources

## FEDERAL LEAVE SUPERVISORY NOTIFICATION FORM

### EMPLOYEE INSTRUCTIONS

This form must be completed by the employee to request a leave of absence/Family and Medical or Military Leave. Please complete the form and forward to the Division of Human Resources – Benefits Unit either by email [FamMedLeave@clayton.k12.ga.us](mailto:FamMedLeave@clayton.k12.ga.us) or deliver to 1058 Fifth Avenue, Jonesboro, GA 30236.

### EMPLOYEE INFORMATION

EMP ID \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

*(correspondence will be sent via email only)*

School/Department \_\_\_\_\_ Employee’s Position \_\_\_\_\_

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Supervisor/Manager Name \_\_\_\_\_ Position \_\_\_\_\_

Supervisor/Manager’s Signature \_\_\_\_\_ Date \_\_\_\_\_

### TYPE OF LEAVE REQUESTED

Continuous Days  Intermittent  Paid Parental Leave  Military Leave

### LEAVE DATES REQUESTED

I am requesting Family and Medical Leave for the following dates (*maximum of 60 days per rolling calendar year*)

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Please designate the following dates (15 days) of the dates requested above as Paid Parental Leave (PPL): If N/A leave blank.

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

I am requesting Military Leave for the following dates:

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Anticipated Return to Work Date \_\_\_\_\_

*Prior to processing this request, the employee must provide anticipated (estimated) leave dates as request above.*

Questions? Contact: [FamMedLeave@clayton.k12.ga.us](mailto:FamMedLeave@clayton.k12.ga.us)