

The Classical Academy
Leave Request Form

There are three steps in applying for a leave of absence:

1. Contact your supervisor to discuss your request for leave
2. Contact Human Resources to receive information regarding this requested leave
3. Submit this completed form and any required documentation to Human Resources

Name Title/Position Campus

Street Address City State Zip

Phone Number Email Address

Medical Leave: (more than 5 consecutive days of absence) *

****Healthcare Provider's Statement will be required in conjunction with this form****

Reason (choose one): Personal Illness Personal Injury Personal Surgery

Approximate Dates from: _____ to: _____

Extension of previously authorized leave (if applicable) from: _____ to: _____

Maternity Leave - Medical: (more than 5 consecutive days of absence) *

****Healthcare Provider's Statement will be required in conjunction with this form****

Reason: Pregnancy

Approximate Dates from: _____ to: _____

Parental Leave – Non-Medical: (more than 5 consecutive days of absence) *

****Additional documentation may be required****

Reason (choose one): Adoption Bonding Time Childcare/Child rearing

Approximate Dates from: _____ to: _____

Note: The child must be under one year old at the start of the leave.

Military Leave* :

****A copy of the Military Orders must be attached****

Approximate Dates from: _____ to: _____

Extension of previously authorized leave (if applicable) from: _____ to: _____

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Critical Illness or Injury of a Family Member Leave: (more than 5 consecutive days of absence) *

Healthcare Provider's Statement will be required in conjunction with this form

Reason (choose one): Family Member Illness Family Member Injury

Approximate Dates from: _____ to: _____

Extension of previously authorized leave (if applicable) from: _____ to: _____

Unpaid Continuing Education Leave:

- *To apply, the staff member must have been employed by TCA for at least five consecutive years and must apply no less than six weeks prior to the requested leave.*
- *The written application shall include documentation of intended enrollment in job-related coursework and the resulting benefit for The Classical Academy.*
- *Reference the Leave section of the TCA Employee Handbook for specific details and requirements.*

Approximate Dates from: _____ to: _____

Unpaid Teacher Exchange Leave:

- *An unpaid one year leave of absence for the purpose of working in an environment that offers them a unique cultural experience in another country.*
- *The staff member must have been employed by TCA for at least five consecutive years*
- *The application must be received by Human resources no fewer than six weeks prior to the requested leave and shall address the resulting benefit for The Classical Academy.*
- *Reference the Leave section of the TCA Employee Handbook for specific details and requirements.*

Approximate Dates from: _____ to: _____

Staff Victim Leave:

- *A copy of the law enforcement report or relevant court documents must be attached*
- *Reference the Staff Leave section of the TCA Employee Handbook for specific details and requirements.*

Approximate Dates from: _____ to: _____

*** Your leave request may qualify you for specific benefits under the Family and Medical Leave Act (FMLA). A final determination of FMLA qualification will be made after review of your completed Leave Request Form and Health Care Provider's Statement.**

The signatories below certify that this leave request is in accordance with The Classical Academy Staff Member Leave Policy and Procedure.

Staff Member's Signature

Date

Principal/Supervisor's Signature

Date

Review/Approval by Human Resources

Date

Revised 6/20/2024

GBC-TCA-E-1