

**BALDWIN COUNTY BOARD OF EDUCATION
LEAVE-OF-ABSENCE FORM**

PART II

COMPLETE THE LAST DAY WORKED PRIOR TO LEAVE

Name _____ EmpNo _____

School/Site _____ Position/Grade/Subject _____

Last Date Taught/Worked _____ Expected Return Date _____

If request is due to **Military leave**, please indicate the number of days below you wish to utilize, if applicable:

PERSONAL ___ ANNUAL ___ COMP ___

The Board may require an employee who has taken leave due to medical reasons to provide the Board with a healthcare provider's certification in a form acceptable to the Superintendent in order to return to work. In these cases, the HR office should receive medical verification certifying the employee is cleared to return to work. This should be received in the HR office PRIOR to the employee's first day back.

By signing below, I understand that if required, it is my responsibility to provide the HR office with the appropriate medical certification prior to returning to work from my leave-of-absence.

Employee Signature

Date

Principal/Supervising Administrator Signature