



Halifax County Schools
Human Resources

Prior Approval For
Extended Sick Leave & Other Absences of Ten(10) Or More Consecutive Days
(See attached form for related notes)

Name: _____ Social Security #: _____
School: _____ Position: _____

Type of Absence Requested (Check Appropriate Items):

____ **Extended Sick Leave** – Up to twenty days after all sick leave days have been exhausted. Please attach a statement from your medical doctor or other acceptable proof that you are unable to work due to personal illness. This option is only for permanent full or part-time instructional personnel, excluding teacher assistants.
Probationary Teachers: Please note that for the purpose of computing time toward tenure, I must work (physically work) not less than 120 workdays as full-time permanent teacher in a normal school year.

Other Absences of Ten or More Consecutive Days

____ Sick Leave
____ Family Leave Without Pay
____ Medical Leave Without Pay
____ Other Without Pay (Explain) _____
____ Annual Leave (12 Month Employees Only)
____ Educational/Professional Leave Without Pay

Beginning Date: _____ Ending Date: _____

I understand if I go off the payroll, I am responsible for all miscellaneous deductions made through payroll deductions, including such items as hospital/medical, dental, vision and cancer insurance, loan payments, etc. I will make arrangement with the Benefits Representative to maintain my insurance coverage and forward payments. I also understand leave without pay will change my anniversary dates and annual leave rates.

Employee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Central Office Use Only

Leave Approved _____ Leave Denied: _____

Director of Human Resources Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____