

HOLMES DISTRICT SCHOOL BOARD
701 E Pennsylvania Ave, Bonifay, FL 32425
Phone: 850-547-9341 Fax: 850-547-0381



M E M O

To: Superintendent and Board of Holmes District Schools

From: _____

Cost Center: _____

Date: _____

Subject: **LEAVE OF ABSENCE**

I, _____, do hereby request a leave of absence from my
position as _____ with the Holmes County School Board

Beginning ____ / ____ / 20____ at ____: ____ (A.M. / P.M.)

Ending ____ / ____ / 20____ at ____: ____ (A.M. / P.M.)

The purpose for my leave request is as follows: *check one of the following that apply*

~MUST BE EMPLOYED 12 MONTHS PRIOR TO REQUEST FOR HEALTH/DISABILITY OR FMLA ~

- Extended Health/Disability *(Submit medical documentation from health care provider)*
- Family and Medical *(Must complete & submit FMLA forms)*
- Professional *(in excess of six days) (Administrators & Teachers Only)*
- Maternity/Parental
- Leave Related to Domestic Violence
- To Seek Political Office
- Illness-or-Injury-in-Line-of-Duty
- Military *(in excess of 17 days)*
- Personal Leave *(in excess of 17 days)*
- Other _____

Employee Signature

Supervisor Signature

Superintendent Signature

Date

Date

Date

****To be eligible for professional leave, professional study without pay, for a quarter, semester or school year, the instructional staff member shall have been a district employee for at least three (3) years and shall hold a continuing or professional contract effective for the period of the leave.**