



## **WILLIAMSON COUNTY SCHOOLS**

### **WCS Step By Step Student Teaching Leave Guide**

- (1.) Once you learn that you are needing to take a leave of absence for student teaching, you will need to have your student teaching leave paperwork turned in to the HR Leaves Coordinator at least **30 days** before your expected leave date.

**\*\*Please note that student teaching leaves are FMLA Ineligible and UNPAID\*\***

- (2.) Paperwork to complete:

- **Long Term Leave of Absence Application**
- **Letter from University reflecting the dates you will be student teaching.**

**Once you have completed the leave forms:**

- (3.) Submit forms to HR Leaves by either:

- (a.) Faxing to 615.472.5618
- (b.) Scanning and emailing to [HRLeaves@wcs.edu](mailto:HRLeaves@wcs.edu)
- (c.) School Courier to HR Leaves Coordinator

- (4.) Confirm your return-to-work date with HR Leaves Coordinator via email [HRLeaves@wcs.edu](mailto:HRLeaves@wcs.edu)

**\*\*ALL CHANGES MUST BE IN WRITING\*\***

- (5.) If you are needing to extend or revise your return date you will need to do the following:

- Provide HR Leaves Coordinator with a note from the university reflecting the new dates of your leave.
  - o Be unpaid for those days.

#### **Can I work/Attend PD/Training while on leave?**

- **No.** If an employee performs work in any position on either a part-time or full-time basis while on approved leave, the employee may be subject to disciplinary action, which could include termination.

#### **Questions? Contact Us!**

Human Resources Leaves Coordinator

[HRLeaves@wcs.edu](mailto:HRLeaves@wcs.edu)

Ph: 615.472.4051

Fax: 615.472.5618



# WILLIAMSON COUNTY SCHOOLS

## EDUCATION LEAVE APPLICATION

\_\_\_\_\_  
(Employee Name – Print)

\_\_\_\_\_  
(Employee #)

\_\_\_\_\_  
(School/Department)

Position: \_\_\_\_\_ ; Full-Time Employee: \_\_\_\_\_ ; Part-Time Employee: \_\_\_\_\_

**\*\*Your leave information will be delivered to the primary email address on file with Human Resources. This email address will be how WCS communicates all leave information to you. This designation does not include information from the benefits department.\*\***

- Note 1: A LOA Form requesting 10 or more consecutive days (including personal, family, sick, maternity or adoption) and unpaid leave for medical reasons must also include a Family Medical Leave Act (FMLA) Employee Form or FMLA Family Form completed by a physician. These forms can be found on the internet under Staff/Employee Forms. **Regardless of whether an employee is or is not FMLA eligible, a physician's statement describing the condition, date condition commenced, and probable duration of incapacity must also be attached to this application. It is the responsibility of the employee to keep all leave dates current. Any revisions must include a physician's statement and be in writing.**
- Note 2: Unpaid leaves may affect all state approved benefits (including experience credits, retirement, career ladder payments, sick, personal, and vacation days) and should be considered carefully before applying.
- Note 3: Under Tennessee law, if a teacher has not yet attained tenure status, any time spent on a leave of absence, except accumulated sick leave days described in T.C.A. 49-5-710, shall not be credited towards the time of service required to attain tenure status. For example, use of Sick Bank days, any unpaid family medical leave, and other leaves of absence are not credited for tenure purposes.
- Note 4: Submit all LOA request, along with related forms and documentation such as physician's note, military orders, and student teaching verification to HR Leaves Coordinator at least 30 days in advance (90 days is strongly recommended for maternity leave).
- Note 5: No advanced sick leave shall be allowed. Full-time classified employees earn sick leave at the rate of one (1) day per month for each full calendar month worked.

Leave Dates: \_\_\_\_\_ - \_\_\_\_\_ ; FMLA Eligible: \_\_\_\_\_ ; FMLA Ineligible: \_\_\_\_\_

**Indicate below the number of paid and/or unpaid days/hours being requested:**

Personal Leave Days: \_\_\_\_\_

Local Leave Days: \_\_\_\_\_

Vacation Leave Days: \_\_\_\_\_ (12 month employees only)

Unpaid Leave Days (See Note 2 above): \_\_\_\_\_

**I PLAN TO RETURN TO WORK ON:** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ ; Date: \_\_\_\_\_

Principal's/Supervisor's Signature: \_\_\_\_\_ ; Date: \_\_\_\_\_ ; Approved \_\_\_\_\_ ; Denied \_\_\_\_\_

**SUBMIT TO THE HR LEAVES COORDINATOR FOR FURTHER PROCESSING**

EN: \_\_\_\_\_ ; LOA Approved: \_\_\_\_\_ ; LOA Denied: \_\_\_\_\_

HR Leaves Coordinator: \_\_\_\_\_ ; Date: \_\_\_\_\_