



WILLIAMSON COUNTY SCHOOLS

WCS Step By Step Military Leave Guide

- (1.) Once you learn that you are needing to take a leave of absence for Military leave, you will need to have your Military leave paperwork turned in to Employee Relations at least **30 days** before your expected leave date or as soon as you receive your orders.
- (2.) Paperwork to complete:
 - **Long Term Leave of Absence Application**
 - **Call of Order/Duty Letter from the military**

Once you have completed the leave forms:

- (3.) Submit forms to Employee Relations (**Kayla Aaron**) by either:
 - (a.) Faxing to: 615.472.5618
 - (b.) Scanning and emailing
 - (c.) School Courier
- (4.) Confirm your return to work date with Employee Relations via email Kayla.Aaron@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 Employee Relations with a note from the military reflecting the new dates of your leave.
 - Email Employee Relations (**Kayla Aaron**) with your new anticipated return to work date.

Can I start my military leave before the date listed on the Call of order letter?

- No, your leave will begin the day your orders begin.

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
Kayla Aaron, Employee Relations Coordinator
Kayla.Aaron@wcs.edu

Ph: 615.472.4051
Fx: 615.472.5618



WILLIAMSON COUNTY SCHOOLS

**LONG TERM LEAVE OF ABSENCE
APPLICATION FOR 10 OR MORE DAYS**

MILITARY LEAVE

(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 vacations 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 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 Employee Relations at least 30 days in advance (90 days is strongly recommended for maternity leave).

LEAVE DATES (see NOTE 1 above):

Leave Dates: _____ - _____; FMLA Eligible: _____; FMLA Ineligible: _____

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

Sick Leave Days/Hours: _____

Personal Leave Days/Hours: _____

Local Leave Days/Hours: _____ (Teachers only)

Vacation Leave Days/Hours: _____ (12 month employees only)

Unpaid Leave Days/Hours (See Note 2 above): _____

I PLAN TO RETURN TO WORK ON: _____

Substitute required: _____ Yes; _____ No; Applicant’s Signature: _____; Date: _____

Principal’s/Supervisor’s Signature: _____; Date: _____; Approved _____; Denied _____

SUBMIT TO EMPLOYEE RELATIONS FOR FURTHER PROCESSING

Employee Relations Coordinator: _____; Date: _____; Approved _____; Denied _____