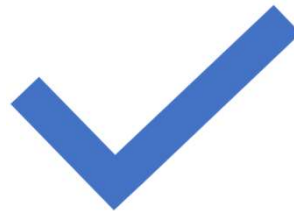


## Assault Leave 702.01D



A teacher may use up to (40) days of Assault Leave due to injury resulting from a physical assault on a teacher which occurs on Board premises or which occurs off Board premises in connection with the performance of assigned duties.

Home > Departments > Employment and Human Resources > Employee Information > HR Administration Search Results

## EMPLOYMENT AND HUMAN RESOURCES

- Overview
- ✖ Employee Information
- Employee Benefits
- Employee Exit Procedures
- Employee Relations
- Employment Agreements & Contracts
- Employment and Staffing
- HR Administration
- HR Directory
- New Employee Information
- Required Notices
- + Employment Opportunities

## HR ADMINISTRATION


HR Administration is responsible:

- Administrator Onboarding
- Benefits
- Catastrophic Sick Leave
- Employee Assistance Program (EAP).
- Employee Wellness
- Evaluation Administration
- Leaves of Absence
- Licensing/Contracts
- Performance Management
- Public School Works (PSW)
- Supplemental Contracts
- Training
- Tuition Reimbursement
- Unemployment
- Workers' Compensation.

### Application of Continuing Contract


Employee Assistance Program (EAP) - Company ID: CCS  
 EAP (Employee Assistance Program) Link

Employee Wellness  
 Employee Wellness Link



### Online Training

PublicSchoolWORKS offers more than 400 online courses for school-based employees. Check with your supervisor to see what courses you should be taking, or click [HERE](#) to get started.



### Workplace Injury Reporting

(NEW) PublicSchoolWORKS now offers online workplace injury reporting. All injuries are required to be reported through PublicSchoolWORKS within 48 hours. In addition, you must notify your immediate supervisor of any work related injury. Click [HERE](#) to get started.

- If you need medical attention, get it. Take pictures of visible injuries.
- Immediately contact your administrator, faculty representative and CEA.
- Submit a Workplace Injury/Incident/
- Accident Exposure Form.

If You Are Assaulted  
 Submit an Incident/Injury  
 Report

# Employee Leave of Absence Assault Leave

**Workplace Injury Reporting**

(NEW) PublicSchoolWORKS now offers online workplace injury reporting. All injuries are required to be reported through PublicSchoolWORKS within 48 hours. In addition, you must notify your immediate supervisor of any work related injury. Click [HERE](#) to get started.

## EMPLOYEE LEAVE OF ABSENCE

Applying for leave - print a leave application and the appropriate Family Medical Leave Form (if applicable) by clicking the link(s) below:

**Certificated and Administrative Staff**

- [Certificated and Administrative Leave Application](#)
- [Family Medical Leave Act \(Employee\)](#)
- [Family Medical Leave Act \(Family Member\)](#)

If you have utilized sick leave as a result of injuries sustained from the assault, you may be eligible for Assault Leave

# Application for Leave

- Check all that Apply:
- Assault Leave
- Worker's Compensation

\*\* Remember assault is a workplace injury\*\*  
 however; Worker's Compensation cannot be received simultaneously with assault or sick leave benefits

Columbus City Schools Application for Leave		CERTIFICATED STAFF & ADMINISTRATORS	
<small>Section 701.03(B) Board/CEA Agreement</small> In the event the estimated duration of the absence is expected to be continuous for a period in excess of two weeks (10 days), or when an absence has been continuous for such a period, the teacher shall advise the administration of the estimated duration of disability by submitting the designated form to Human Resources by the tenth (10) day of absence and include a physician's statement. The teacher will provide the Office of Human Resources with written notice at least three school days before intending to return to the job.			
Employee's Name (Please Print)			I.D. #
Home Address			Phone
City	State	Zip	E-mail
Work Location	Position (Teacher, etc.)		Date
Employee's Signature			Date
Supervisor's/Administrator's Signature			Date
<small>Signature of Supervisor/Administrator does not constitute approval of leave request</small>			
<b>CHECK ALL THAT APPLY: (See reverse side of form for explanations and documentation requirements)</b>			
Applying for Family Medical Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Regular FML <input type="checkbox"/> Intermittent FML <b>Relationship if for family member</b>			
<input type="checkbox"/> Sick Leave (paid medical leave for): <input type="checkbox"/> Self <input type="checkbox"/> Family member - relationship			
<input type="checkbox"/> Ill Health (unpaid medical leave for): <input type="checkbox"/> Self <input type="checkbox"/> Family member - relationship			
<b>Maternity/Paternity/Adoptive</b> <b>Select one:</b> <input type="checkbox"/> Maternity <input type="checkbox"/> Paternity <input type="checkbox"/> Adoptive			
<input type="checkbox"/> Assault Leave Date of Assault _____ Incident Report Filed <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Worker's compensation Date of Injury _____ Injury Report Filed <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Military Leave</b> <input type="checkbox"/> Please request separate packet for FMLA Military Leave			
<input type="checkbox"/> Exchange Teaching <input type="checkbox"/> Professional Study or Travel <input type="checkbox"/> Sabbatical Leave			
<b>Special Leaves</b> Please check appropriate number <input type="checkbox"/> Section 702.07 or <input type="checkbox"/> Section 702.10			
<input type="checkbox"/> Other (Section 702.10 or 702.15) Please state reason: _____			
<b>Paid Leave Dates</b>			
Anticipated or Actual Effective Date of Absence: Month _____ Day _____ Year _____			
Should sick leave balance become exhausted during this medically certified period of absence you have the option of using your personal leave and vacation (if you accrue vacation), in that order? Do you wish to use your available:			
(1) Personal Leave <input type="checkbox"/> Yes <input type="checkbox"/> No (2) Vacation (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Estimated Return to Work Date: Month _____ Day _____ Year _____			
<input type="checkbox"/> YES, I am releasing my position & expect my leave to extend into the subsequent school year			
<input type="checkbox"/> NO, I do not wish to release my position			
<b>Unpaid Leave Dates</b>			
To the Superintendent of Schools: Today's Date _____			
I Hereby Request a Leave of Absence Beginning: Month _____ Day _____ Year _____			
And Extending Through: Month _____ Day _____ Year _____			
<b>NOTE: All employees who are eligible will be placed on Family Medical Leave.</b>			

# If You Are Assaulted



Submit a completed Discipline Referral to your administrator. Keep copies.



Refrain from making verbal or written statements until you have been advised by CEA.



Your principal should contact the appropriate personnel and secure written statements from all parties involved. You should request copies.



As soon as possible, write a detailed statement of the incident for your personal files.