



REQUEST FOR FAMILY OR MEDICAL LEAVE OF ABSENCE

| Employee Information | | |
|---|--|---|
| Employee Name: | Emp ID# | |
| School Location and Position: | Phone# | |
| Email Address: | Status: Full-time Part-time | |
| <p>I will be requesting an Extended Leave of Absence for the below dates:</p> <p>Begin Date: ___/___/___ End Date: ___/___/___ (Your end date is the day before you return to work)</p> <p>Return to work Date: ___/___/___</p> <p>Please note your return date is the first day you will be returning to work.</p> | <p>ACCRUED LEAVE: Add specific days you would like to use of your accrued leave OR Circle <u>All Available</u> to use all accrued sick and personal leave days.</p> <p>Sick Leave: _____ days Personal Leave: _____ days</p> <p>ALL AVAILABLE DAYS</p> <p>Annual Leave: _____ days (***To be completed by 230, 240, and 260-day employees only)</p> | <p>BENEFITS: (Check all boxes that apply to your current benefit elections)</p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> Dental</p> <p><input type="checkbox"/> Short Term Disability</p> <p>Is this an extension of a previous Leave of Absence?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>REASON FOR REQUESTED LEAVE OF ABSENCE:</p> <p><input type="checkbox"/> Employee's own serious health condition</p> <p><input type="checkbox"/> Birth of a child or to care for newborn child (Expected Delivery Date) ___/___/___</p> <p><input type="checkbox"/> Placement of child for adoption or foster care</p> <p>Employee needed to care for family member with serious health condition</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent Name of person needing care: _____</p> <p><input type="checkbox"/> Employee needed to care for Covered Service member with serious injury or illness (Military Caregiver Leave)</p> <p><input type="checkbox"/> Qualifying Exigency (relating to covered family member's military duty)</p> <p><input type="checkbox"/> Other _____</p> | | |
| Intermittent Leave of Absence Request Only | | |
| Reason leave must be on a reduced or intermittent basis: (i.e. treatments, appointments, etc) | | |

Employee Signature

Date

Principal / Supervisor Signature

Date