



**REQUEST FOR LEAVE OF ABSENCE**

**EMPLOYEE NAME:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Date of Request: \_\_\_\_\_

**REASON(S) FOR LEAVE REQUEST**

\_\_\_\_ Child Bearing, Estimated Delivery Date \_\_\_\_\_, Attach FMLA if applicable

\_\_\_\_ Child Rearing, Foster Child/Adoption, Attach FMLA if applicable

\_\_\_\_ FMLA- Child/Spouse/Parent, Attach FMLA Paperwork and Proof of Relationship

\_\_\_\_ FMLA-My Own Health, Attach FMLA Paperwork

\_\_\_\_ Military Duty/Training, Attach Orders

\_\_\_\_ Non-FMLA My Own Health, Attach Doctor's Note

\_\_\_\_ Non FMLA-Child/Spouse/Parent, Attach Doctor's Note

\_\_\_\_ Personal, Please Explain \_\_\_\_\_

**DURATION OF LEAVE**

Requested Start Date \_\_\_\_\_ Expected Return Date \_\_\_\_\_

Total Days Requested \_\_\_\_\_

I plan to use \_\_\_\_\_ Sick \_\_\_\_\_ PTO \_\_\_\_\_ FMLA \_\_\_\_\_ Unpaid (Specify # Each)

I am requesting Intermittent or Reduced Schedule as Follows \_\_\_\_\_

**I UNDERSTAND AND AGREE TO THE FOLLOWING**

I agree not to take another position or be self-employed during this period

If my leave does not qualify under the Family Medical Leave Act (FMLA), Board Policy and Collective Bargaining Agreements will determine employment status. If this request qualifies under FMLA and I return to work within FMLA guidelines I will be restored to my same or equivalent position.

District policy requires medical certification within 15 calendar days if leave is for family member care or your own serious health condition. If certification is not provided District policy governs the absence.

If leave is for your own serious health condition, return to work note must be presented prior to return.

Failure to return after leave, with no continuation request, may result in termination.

It is my responsibility to contact District office with any questions I may have.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Central Office Use Only**

Type of Leave \_\_\_ FMLA \_\_\_ FMLA Family \_\_\_ Personal Medical \_\_\_ Personal Other \_\_\_ Military

Leave request is approved \_\_\_\_\_ Leave Request is Denied Due To \_\_\_\_\_