



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 _____