

PERSONNEL LEAVE OF ABSENCE FORM
(To be completed by Employee)

Note: Please refer to contract provisions regarding leaves of absence. Initial approval may be given verbally, but will be confirmed in writing. MAIL ORIGINAL FORM TO PERSONNEL. SEND A COPY TO BUILDING PRINCIPAL OR SUPPORT DEPT. SUPERVISOR.

Name: _____ SS#: _____

Department/School: _____ Position/Location: _____

Type of Leave Requested: **FAMILY** **OTHER** **BOTH**

FAMILY LEAVE INFORMATION

All employees are entitled to 12 weeks of unpaid leave in a 12-month period. Employee health benefits will be maintained during this unpaid leave.

Leave to start: _____ Leave to end: _____

Reason for Leave: Birth/Adoption/Foster Care of Child Family Member Health Condition*

Employee Health Condition*

**Attach appropriate documentation from physician*

Remarks: _____

Have you taken a FMLA family or medical leave in the past 12 months? Yes No If yes, how many days? _____

OTHER LEAVE INFORMATION

Other Leave Type: Maternity Leave Medical Leave* Personal Leave Other (explain below)

Leave to start: _____ Leave to end: _____

Are you requesting an extension of an existing leave? ** Yes No

If Yes, indicate type of prior leave: _____

Attach appropriate documentation from physician. *Please be advised that additional (over 1) extensions will be approved at the Board's discretion.

Reason for Leave/Remarks: _____

SICK DAYS / VACATION DAYS / PERSONAL DAYS

If you intend on using Sick Days, Vacation Days (*12 month employees only*) and/or Personal Days in conjunction with the requested leave, please indicate these dates below:

Sick Days Dates: _____

Personal Days Dates: _____

Vacation Days Dates: _____

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY CENTRAL OFFICE ADMINISTRATION:

Administrator's Approval: _____ Date: _____

Personnel Admin. Approval: _____ Date: _____

Board Agenda Date: _____ Replacement Needed? Yes No