

# PERSONNEL LEAVE OF ABSENCE FORM

(to be completed by Employee)

Note: Please refer to contract provisions regarding leave of absence. Initial approval may be given verbally, but will be confirmed in writing.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
School/Department: \_\_\_\_\_ Position: \_\_\_\_\_  
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. Employee is responsible for paying the Chapter 78 portion of benefits premium while out on leave for benefits.

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

Leave to start: \_\_\_\_\_ Leave to end: \_\_\_\_\_

Remarks: \_\_\_\_\_

Have you taken a FMLA family or medical leave in the past 12 months?  Yes  No

## OTHER LEAVE INFORMATION

Other Leave Type:  Maternity (no pay, no benefits unless employee pays premiums)  
 Medical\* (no pay, no benefits unless employee pays premiums)  
 Personal (no pay, no benefits unless employee pays premiums)

Leave to start: \_\_\_\_\_ Leave to end: \_\_\_\_\_

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

If Yes, indicate type of prior leave: \_\_\_\_\_

Reason for leave/Remarks: \_\_\_\_\_

\*Attach appropriate documentation from physician

\*\* Please be advised that additional (over 1) extensions will be approved at the Board's discretion.

## SICK DAYS/VACATION DAYS/PERSONAL DAYS

If you intend on using Sick Days, Vacation Days (12 month employees only) and/or Personal Days prior to the requested leave, please indicate the 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 Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Board Agenda Date: \_\_\_\_\_ Replacement Needed?  Yes  No

MAIL ORIGINAL FORM TO DAWN IN PERSONNEL AND A COPY TO YOUR SUPERVISOR.