

REQUEST FOR LEAVE OF ABSENCE

Employee Information:

Employee Name: _____ ID Number: _____

Location: _____ Job Title: _____

Principal/Supervisor: _____ Office Manager/Timekeeper: _____

Spouse Employed by District? (check one) _____ YES _____ NO

Reason for Requesting Leave: (check all that apply)

___ Maternity.....Estimated date of childbirth: _____

___ Child Rearing: Child must be less than one year old

___ Adoption or Placement of a child

___ Medical: For employees own health condition

___ Family Medical: To care for a family member.....Relationship to you: _____

___ Personal / Other (attach explanation)

Type of Leave You are Requesting: (check only one)

___ Continuous: Absent for more than five consecutive business days.

___ Intermittent: Taking time off in separate blocks due to a qualifying health condition.

Duration of Leave:

Leave Start Date: _____ Leave End Date: _____

Applicable Leave Usage: (check all that you would like us to use)

___ Sick Leave _____ Vacation Leave _____ Without pay

Employee Signature: _____ Date: _____

HUMAN RESOURCES USE ONLY

Approved _____	Leave Begins:	Leave Ends:
Denied _____	Reason:	
Executive Director of Human Resources:		Date:
Has spouse also requested leave?		If yes, how much?
FMLA used in last 12 months:		
Total hours worked in prior 12 months:		