

Mesquite Independent School District

Leave Request Form

Employee Name (Full Legal Name)	
Employee ID Number (DO NOT use Social Security Number)	
School or Department	
Specific Assignment	
Street Address	
City and Zip	
Phone numbers (home and cell)	

I request a leave of absence from my present position for the following dates:

Beginning Date: _____

Ending Date: _____

<p>The type of leave I am requesting is: Choose one</p> <p><input type="checkbox"/> Temporary Disability Leave (Maternity)</p> <p><input type="checkbox"/> Temporary Disability (Medical)</p> <p><input type="checkbox"/> Adoption-Temporary/Extended</p> <p><input type="checkbox"/> Extended Medical Leave</p> <p><input type="checkbox"/> Assault Leave</p> <p><input type="checkbox"/> Military Leave</p> <p><input type="checkbox"/> Other: _____</p>	<p>Please check reason for leave: Choose One</p> <p><input type="checkbox"/> Maternity Recovery</p> <p><input type="checkbox"/> Stay with newborn child</p> <p><input type="checkbox"/> Illness of spouse, child, or parent</p> <p><input type="checkbox"/> Medically unable to work</p> <p><input type="checkbox"/> Mentally unable to work</p> <p><input type="checkbox"/> Adoption of a child</p> <p><input type="checkbox"/> Military Leave</p> <p><input type="checkbox"/> Other: _____</p>
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All sick days/state personal days and local personal days will be used until exhausted.
The only exception for not using available personal days is for long term extended leaves of a semester or longer (request for unpaid leave must be submitted in writing).

Application for Tenure Days After Local and State Days Are Exhausted

(The questions below must be answered or your request will be denied.)

Application for use Tenure Days:

The request for tenure days must be completed and submitted to the Personnel Office no later than five (5) days following the first day out due to the illness or knowledge of the event necessitating the request.

Tenure days may be granted for:

- 1. Employee's personal illness and must be documented by a statement from a physician on each occasion
- 2. Catastrophic illnesses (defined as being ill or incapacitated for 5 days or more) involving children, spouse or other immediate family members for which the employee is the primary caregiver and must be documented from the physician

Apply for Employee Illness Tenure Days

A physician's statement must be sent to personnel office for the employee's personal illness.

- I would like to apply for the use of Employee Illness Tenure days.
- I would not like to apply for the use of Employee Illness Tenure days.

Apply for Catastrophic Illness Tenure Days (for immediate family)

Catastrophic illnesses (defined as being ill or incapacitated for 5 days or more) involving children, spouse or other immediate family members for which the employee is the primary caregiver. A physician's statement must be submitted to verify.

- I would like to apply for the use of tenure days for catastrophic illnesses (defined as being ill or incapacitated for 5 days or more) involving children, spouse or other immediate family members for which the employee is the primary caregiver and must be documented from the physician.
(for immediate family)
- I would not like to apply for the use of tenure days for a catastrophic illness.

Please check the boxes below indicating that you have read the following items.*

- Notify the Personnel department of any change in dates so that we may update your leave information
- Doctor's Statement must be mailed or faxed to the designated supervisor.
- A release from your doctor must be sent to the Personnel Department prior to your return to work.
- The Family Medical Leave Act of 1993 runs concurrently with tenure, sick leave bank (if applicable) and unpaid days, and affords the employee 60 days of job protection (if necessary) from the initial date of tenure use. It should be noted that tenure days afford the employee their daily rate of pay minus the applicable substitute rate or an alternative docking rate depending on percentage to base daily rate from the employee's daily rate of pay. Should the 60 days become exhausted, you may request to extend the current temporary disability leave up to a maximum of 180 calendar days (reverting back to the initial date of the leave) under the provisions of Policy 524. The extension request must be made no later than 10 calendar days of the expiration of FMLA and must be accompanied by a doctor's statement. Please contact the personnel office for questions pertaining to specific dates of individual leaves.

Employee Signature and Date

Employee Signature

Date

10/6/2011