

**NOOKSACK VALLEY SCHOOL DISTRICT
EMPLOYEE LEAVE (NOT FMLA) REQUEST FORM**

A. General Information (*Only Sections A, B (a&b), & D to be completed by employee and have your supervisor sign page 2*)

Employee Name: _____ Date of Request: _____

Job Site/Position: _____

Date of Hire/Rehire: _____ Date/Request Leave to Begin: _____ End: _____

Anticipated Duration of Leave: _____

Please Note: *This form should only be completed when leave is expected to exceed five days. Sick Leave over 5 days will require a doctor's certification/note.*

B. Eligibility Factors

a. Reason for Sick Leave Request (if this is a sick leave request):

___ Birth of Child ___ Placement of child for adoption or foster care

___ Serious health condition of : child up to 18 years old parent spouse

___ Serious health condition of employee

b. Type of Leave:

___ Medical Leave ___ Personal Leave ___ Vacation Leave

___ Other Leave (specify): _____

C. Insurance obligations

a. Has the employee been provided written notice of the terms and conditions under which the employee must pay the employee's share of health insurance coverage costs?

___ Yes ___ No

b. Has the employee been advised that the employee will be responsible for the costs of maintaining other insurance coverage (such as life and disability insurance coverage, where applicable) during the leave and that the employer is authorized by federal law to recover such costs from the employee? ___ Yes ___ No

D. Employee Request

Employee Signature: _____ Date: _____

E. Employer Action

- a. The requested leave is approved to begin _____ and end _____.
- b. You will will not be required to present a fitness-for-duty certificate before being restored to employment. If such certificate is required but not received, your return to work may be delayed until such certification is provided.
- c. You have _____/_____ (days/hours) of accrued leave. When accrued leave is exhausted, you will have _____/_____ (days/hours) of unpaid leave.
- d. You are are not eligible to apply for shared leave.
- e. Physician Documentation Attached: _____ Total Days of Leave: _____
- g. Board approval (if required) date: _____

Additional Comments:

NOTE: ALL absences must be reported on a monthly time sheet, signed by employee and principal/supervisor and submitted to payroll.

Signature of Immediate Supervisor

Date

Superintendent's Signature (if required)

Date