



MINOOKA CCSD #201
REQUEST FOR LEAVE OF ABSENCE
(PLEASE COMPLETE AND RETURN TO THE BUSINESS OFFICE)

Name: _____ Current Date: _____

Building: _____ Hire Date: _____

Status: Licensed Staff Non Certified Staff

Have you utilized FMLA time in the past 12 months? If so, when?

Type of leave requested:

FMLA leave* (*Maximum of 12 weeks in a "rolling" 12 month period*)
 Medical – Self/Family Member (**Medical Certification Required**)
 Parental – Maternity/Paternity
 Military

Leave of Absence (Unpaid)
Approval granted by the Superintendent Office

Leave of Absence – **Not FMLA Eligible**
 Medical – Self/Family Member (**Medical Certification Required**)
 Parental – Maternity/Paternity
 Military

Explanation of Leave:

Length of leave:

Date on which leave will begin: _____

Date on which leave will end: _____

Will you use any sick, personal or vacation days as part of your leave?

**not applicable to a leave of absence request*

Yes No

If yes, how many? ____ Sick Days ____ Personal Days ____ Vacation Days

****Please note that current school year allotment may be subject to proration.**

***For FMLA Leave Requests:** Insurance continues for the duration of the 12 week family and medical leave period at the same level and under the same conditions that existed at the time of the commencement of this leave. Insurance can remain under the same conditions, as long as the employee has sick, personal or vacation time available, above 12 weeks. These days must be used to continue insurance coverage under same conditions. After 12 weeks, if the employee has no sick, personal, or vacation days left OR if the employee does not have approval to use paid time off, insurance may be continued at the full expense of the eligible employee.