

Leave of Absence Application



Instructions – Employee: Complete and attach any required documentation. Make a copy of this form and any required documentation. Sign the original, keep the copies and forward the original(s) to Human Resource Services.

EMPLOYEE INFORMATION

Name		Employee ID	Date	
Home Address		City	State	Zip
Home Phone	Cell Phone	School/Department		

Requested Leave Begin Date	Anticipated End Date of Leave
-----------------------------------	--------------------------------------

TYPE OF LEAVE REQUESTED (MARK ALL THAT APPLY):

- Sick Leave Bank (Attach Certification of Health Care Provider form)
- Extended Leave/Long term Leave –up to 60 calendar days. (Attach Certification of Health Care Provider form).
- FMLA –Family and Medical Leave Act (Attach Certification of Health Care Provider form or other FMLA forms if for a military exigency or military caregiver leave).
- Extended Leave/Long Term Leave 61 to 180 calendar days (Attach Certification of Health Care Provider form).
- Extended Leave/Long Term Leave -181 to 365 calendar days –UNPAID only (Attach Certification of Health Care Provider form or a written statement explaining the reason for the leave request). **(Written Agreement 8.4)**
- Sabbatical Leave **(Written Agreement 8.6)** (Attach written proposal describing in detail the activity proposed during the Sabbatical)
- Other: _____

EMPLOYEE SIGNATURE: I understand it is my responsibility to know my leave balances and the limited amounts of leave that can be used per negotiated agreements and/or district policy.

--	--

Employee _____ Date _____

SUPERVISOR SIGNATURE:

--	--

Supervisor _____ Date _____

TO BE COMPLETED BY HUMAN RESOURCE SERVICES

Approved as submitted: _____	Date: _____
Approved with these modifications: _____	Date: _____
Denied because: _____	Date: _____
Other: _____	Date: _____