

# Non-FMLA

## Carroll Independent School District Non-FMLA Leave Request

Employees who will be absent more than five consecutive days, have a need for intermittent leave, or any other qualifying event must submit a "Leave Request Form" to the Human Resources Department at least 30 days prior to the beginning of the leave. This request should be submitted as soon as possible if the extended absence is not foreseeable.

If your absence is due to leave for the employee's serious health condition or that of a spouse, parent or child or military caregiver purposes, please complete the appropriate medical certification paperwork. In each case, medical certification shall be made by a health-care provider. You must provide medical certification prior to the beginning of your absence or as soon as possible if the absence is not foreseeable.

Extended absences can possibly have a financial impact on employees. Therefore it is required that all employees after meet with the Human Resources Coordinator to discuss their leave balance, required medical certification (if applicable), financial impact and district reimbursement procedures.

Appointments to discuss the aforementioned items should be made at least **30 days prior to the beginning of the leave or as soon as foreseeable** by calling the Human Resources Coordinator at (817) 949-8213.

**Failure to submit the request and secure an appointment could lead to reductions/docks in monthly salary payments to the employee.**

Please contact the PHuman Resources Coordinator if you have any questions regarding this matter.



Lauren Wurman  
Executive Director of Human Resources  
Lauren.Wurman@southlakecarroll.edu



Jaclyn Hemmila  
Human Resources Coordinator  
Jaclyn.Hemmila@southlakecarroll.edu

**Carroll Independent School District**

**Leave Request Form**

*2400 N. Carroll Ave.*

*Southlake, TX 76092*

*Ph: 817.949.8218*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Department / School: \_\_\_\_\_

Hire Date: \_\_\_\_\_

---

**Employee Statement:**

I, \_\_\_\_\_, request a leave of absence to begin on \_\_\_\_\_ and to end on \_\_\_\_\_.

**If your absence is due to a qualifying Family Medical Leave Act event, please complete additional documents required for FMLA leave. Family and medical leave runs concurrently with accrued sick and personal leave, temporary disability leave, compensatory time, assault leave and absences due to a work-related illness or injury.**

All leaves of absence must be approved in advance by your Principal / Supervisor.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

---

**Approval:**

Principal / Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Requested Substitute \_\_\_\_\_ (must be approved by Principal and HR)

**For Human Resources Use Only:**

Human Resources Administrator \_\_\_\_\_ Date \_\_\_\_\_

Superintendent / Designee (if non-FMLA) \_\_\_\_\_ Date \_\_\_\_\_

Substitute secured for employee \_\_\_\_\_ Certified in TX \_\_\_\_ Yes \_\_\_\_ No

Long-term pay is approved for substitute \_\_\_\_ Yes \_\_\_\_ No

Copy: Principal / Supervisor  
Payroll  
Employee  
HR

Appt date and time \_\_\_\_\_