



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

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FMLA / AFLA / Childcare Leave Verification Form

Original Revised

Section I: Completed by HR

Employee:	Employee f #:	Date:
Principal/Supervisor:	School/Dept.:	
Employee Status:	<input type="checkbox"/> Certified	<input type="checkbox"/> Classified <input type="checkbox"/> Exempt
LEAVE REQUEST		
<input type="checkbox"/> FMLA / AFLA <input type="checkbox"/> Childcare		
Eligible Leave Period:		
Start Date: _____		
Return Date: _____		

Section II: Completed by Employee

Actual Leave Dates:	Discussed leave status with supervisor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start Date: _____	Entered into AESOP / TCP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Return Date: _____	Substitute Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Signature of Employee	_____ Date	_____ Signature of Principal/Supervisor	_____ Date
Return form to HR within 10 business days when complete. If revisions are necessary, resubmit new form for processing.			
_____ HR Approval	_____ Processing Date		