

EMERGENCY LEAVE REQUEST

This form is to be used when any District staff member wishes to apply for *Emergency Leave*, as described in Selah District Policy No. 5403, *Emergency and Discretionary Leaves*, and Selah School District Policy 5404, *Family, Maternity and Military Caregiver Leaves*.

Name: _____ Date: _____

Address: _____ Job Site: _____

My situation meets the requirements delineated therein. Specifically, I request Emergency Leave for the following reason(s): _____

Date Family Emergency Leave is to begin: _____

Date Family Emergency Leave is to end: _____

I have received, read, and understand Selah School District Policy 5403, *Emergency and Discretionary Leaves*, and Selah School District Policy 5404, *Family, Maternity and Military Caregiver Leaves*. I understand reinstatement need not occur if a) the specific job is eliminated by a bona fide restructuring, or a reduction-in-force resulting from a lack of funds or lack of work, b) if I take a position with another employer outside of the home while on family leave, c) I fail to provide the required notice or to return to work on the established ending date of the leave. Further, I acknowledge that should I fail to return to the District from Family Emergency Leave, the District will recover from me the costs of health benefits paid during the leave.

(For leave requests based on the health condition of a family member or employee, complete the following.) I also understand the District may request written verification from my health care provider or a second opinion from another health care provider. By this signature I provide permission for my health care provider, named above, to release such verification.

Primary health care provider name: _____

Primary health care provider address: _____

Primary health care provider telephone: _____

Staff member signature: _____ Date: _____

Witness signature: _____ Date: _____

Witness signature: _____ Date: _____

Supt/Designee Approval: _____ Date: _____

Comments/Conditions:

c: Staff Member, Immediate Supervisor, Business Office, Personnel File