Leave Request Form

Complete this form at least thirty (30) days prior to the start of your leave.
A leave is defined as an absence, paid or unpaid, of more than five (5) consecutive days.

Part I: Employee Information			
Name:			**Employee #:**
Preferred Phone #:		**District Email:** (personal e-mail may not be used for privacy concerns)	
School/Location:		**Position:**	
Supervisor:		**Do you currently carry our medical insurance?** ☐ YES ☐ NO	

Part II: Leave of Absence Information		
Anticipated Leave Start Date:		**Anticipated Leave Return Date:**
I am requesting: ☐ up to 12 weeks off per Category 1 or ☐ the remainder of the year off per Category 2		
Select a Leave of Absence Reason: (place a check next to requested type of leave)		
CATEGORY 1 - FMLA Defined (up to 12 weeks)		**Applicable Board Policy**
☐	Sick Leave – serious health condition for self, birth/adoption	03.1232/03.2232
☐	Sick Leave – serious health condition for family member	03.1232/03.2232
☐	Sick Leave – to care for a covered service member	03.1232/03.2232
☐	Qualifying Exigency – military family leave	03.12322/03.22322
CATEGORY 2 - Non-FMLA Defined (remainder of school year)		**Applicable Board Policy**
☐	Maternity/Paternity Leave – birth/adoption	03.1233/03.2233
☐	Extended Disability Leave	03.1234/03.2234
☐	Military/Disaster Services Leave	03.1238/03.2238
Other		**Applicable Board Policy**
☐	Workers' Compensation	03.1241/03.2241
☐	Other	List Policy:

Please fill in the type and number of days you will be using during your leave of absence.

Sick	**Donated Sick**	**Personal**	**Vacation**	**Unpaid**

If you are a member of the sick bank, will you be applying for additional sick days? ☐ YES ☐ NO ☐ NOT A MEMBER

Note:

- Employees are required to use all paid leave days, if available, for all FMLA Defined Leave, except that the employee may request to reserve up to ten (10) days of sick leave, up to ten (10) days of vacation leave, and all available days of personal leave
- Paid sick leave shall be used in accordance with Board Policy 03.1233/03.2233 - Maternity/Paternity Leave; immediately following the birth or adoption of a child or children

Send completed form to Human Resources by email at beth.cox@boone.kyschools.us or fax at 859.282.2935

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Part III: Long-Term Substitute Request (For Certified Employees Only)		
Requested Substitute's Name: (must be an active substitute in the district)		
Note: • "Long-Term Substitute Request Form" must be submitted to Human Resources if a long-term sub is needed • A certified substitute must be used for absences of more than nineteen (19) consecutive days • A certified substitute is someone that has a teaching certificate or SOE • Emergency substitutes do not have a teaching certificate, cannot be paid long term wages (absences for more than nineteen (19) consecutive days) and are not eligible to fulfill a long-term absence		
Part IV: Employee Responsibilities (please read and initial each)		
	I will abide by all applicable board policies, state and federal regulations governing a leave of absence.	
	I understand that my benefits, including health insurance, will be terminated once I am in an unpaid status or at the end of twelve (12) weeks if eligible for FMLA. I may be eligible for COBRA and should contact the District's Benefits Team at 859-282-2374 for more information.	
	I understand that I must notify Human Resources if the start date or end date of my leave changes.	
	I must notify Human Resources prior to returning from a leave of absence to determine if/when I may return to work, and, if applicable, provide a return to work note from my doctor.	
	It is my responsibility to keep all contact information (email, mail and phone) current while on a leave of absence.	
	I am aware unpaid days may negatively affect my annual retirement service credit* and annual pay increases**. *Contact your retirement system for more information. ** If I do not work 140 days of my certified annual contract or half of my classified annual contract, I will not receive an annual step increase.	
	In the event I am incapacitated or not of sound mind to communicate my leave of absence intentions with a member of the District, I proved the following individual permission to speak to, and provide information on my behalf with, Human Resources: Name of Individual: _____ Contact Phone #:_____ Relationship:_____	
Part V: Signature		
Employee Signature:		**Date:**
Printed Name:		
Part VI: District Approval/Denial (Office Use Only)		
Approved or Denied (List Denial Reason(s)):		
Superintendent/designee Signature:		**Date:**
Part VII: HR/Benefits (Office Use Only)		
FMLA Start Date	**FMLA End Date**	**Board Agenda Date**
Amendment #1	**Amendment #2**	**Amendment #3**
Amendment #4	**Amendment #5**	**Amendment #6**

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