



LYON COUNTY SCHOOL DISTRICT
Office of Human Resources
Phone 775-463-6800; Fax 775-463-6808

INSTRUCTIONS FOR USE OF REQUEST FOR LEAVE OF ABSENCE FORM

1. The employee completes the appropriate sections of the form and forwards it to his/her principal/supervisor. If the request is for a renewal of leave, extenuating circumstances must be explained completely. If the request is due to illness, a disabling condition, childbirth or family illness, please begin the FMLA leave process at the following link, request.efmla.com?A1=40030c26649L027. A Medical Provider Certification Form will be provided through our eFMLA site. The required return date to Human Resources will be sent with the Medical Provider Certification.
2. The principal/supervisor signs to acknowledge the request and forwards the form to Human Resources.
3. Human Resources approves or denies the request, and returns copies to the employee and the principal/supervisor. Responses to the questions by the physician on the Certification of Health Care Provider portion of the leave form will be reviewed by Human Resources. An independent medical examination review may be required for requests exceeding 12 weeks. Based on the independent review, it may be necessary to have the employee examined by an independent provider.
4. Extended leaves are defined as longer than a semester and up to a year. For approved extended leaves, the school/site must hold the employee's position for his/her return. Check all Neg agreements for this language
5. Requests for extension of leave must also be submitted on this leave form.
6. All employees are required to enter their absences in the District's Time and Attendance system. Time and Attendance reports should show approved leaves.
7. You are required to notify the District as soon as practical if dates of scheduled leave change or are extended, or were initially unknown.

Additional Information

8. If the employee requesting the leave of absence is the victim of an act that constitutes domestic violence, the employee may be eligible for a leave of up to 160 hours in accordance with Senate Bill 361 of the 2017 Legislative Session. Additional information can be found at: <http://labor.nv.gov/uploadedFiles/labornvgov/content/About/Forms/Domestic%20Violence%20Victims%202017.pdf>. If you are requesting time per this section please contact Human Resources.
9. For employees who are a victim of sexual assault or whose family or household member is a victim of sexual assault and may need a reasonable accommodation, please contact Human Resources
10. For employees who are pregnant and may need reasonable accommodation for a condition relating to pregnancy or childbirth, or a related medical condition, please contact your Administrator.
11. **If you are enrolled in the group medical insurance program**, an employee granted a leave of absence without pay who wishes to continue to participate in the group medical insurance program must immediately notify Blake Smith and Shannon Nelson in the Human Resource Department of his/her intention to do so. All premiums while on a leave of absence without pay are the responsibility of the employee. Payments should be sent ATTENTION Blake Smith at the district office. An Employee who does not elect to continue in the group medical insurance program will not be eligible for group insurance coverage until he/she returns to the District.

12. While on paid leave, an employee will continue to pay for any dependent premiums normally deducted from his or her paycheck. The District may, at its discretion, pay the employee's share of premium(s) during FMLA leave and recover these payments upon the employee's return to work. The employee may be required to reimburse the District for health premium(s) paid if the employee fails to return to work following FMLA leave.
13. The District may exercise its right to obtain a second or third medical certification at the District's expense and will provide further details at the time.
14. The District will require employees to provide periodic reports on status and intent to return to work to their immediate supervisor as appropriate.
15. Specific provisions regarding the various leaves are contained in the Negotiated Agreement. Questions concerning leaves should be directed to the supervisor and to Human Resources, if needed.

REQUEST FOR LEAVE OF ABSENCE – ALL EMPLOYEES
(Must be submitted for absences over five (5) days)

I hereby request a leave of absence for the length of time and reason(s) indicated below:

TYPE OF LEAVE REQUESTED: (You may be eligible for certain benefits under the Family & Medical Leave Act (FMLA). Please review the information on the following page.)

SHORT TERM LEAVES (Over 5 Consecutive Days):

- Personal Illness/Disability* Adoption
- Family Illness* (Relationship: _____) Bereavement (Relationship: _____)
- Birth/Child Rearing (Please contact Human Resources within 30 days of the baby's birth to add to District insurance.)
- Worker's Compensation (Please report to Human Resources to complete appropriate forms.)
- Student Teaching
- Other: _____ Military (Relationship: _____)
- Extension of previously approved Leave (Explain extenuating circumstances below.)

EXPLANATION: _____

***If reason is illness, disabling condition, childbirth or family illness, a Certification of Health Care Provider form is required and is included with this request. Form WH380 E is for your own serious illness while Form WH380 F is for the serious illness of a family member.**

EXTENDED LEAVES One Semester to One Year (Check box below) Please note number of days below.

Personal Illness/Disability* Family Illness* Birth/Child Rearing Pursuit of additional education

___ With Pay: # _____ Working days from _____ to _____ inclusive
(Using accrued sick leave or personal days. Payment of sick days is based on days available at time of leave.)

Sick leave _____ Personal Day(s) _____ Vacation _____ Comp time _____ Sick Bank _____

12 Month employees may use accrued vacation time.

___ Without Pay: # _____ Working days from _____ to _____ inclusive

***EMPLOYEES ARE REQUIRED TO ENTER ALL ABSENCES ASSOCIATED WITH THIS LEAVE INTO THE DISTRICT ABSENCE MANAGEMENT SYSTEM (FRONTLINE)**

Employee Name (Please Print): _____

Employee Signature: _____ Phone: _____ Date: _____

School or Location _____ Position Title: _____

ADMINISTRATOR'S ACKNOWLEDGEMENT OF LEAVE OF ABSENCE

___ I acknowledge this Leave of Absence request. *If this is a request for an extended leave of absence, as defined above, and, if it is approved, I will hold a position for the employee when s/he returns.* For Maternity/Child Rearing, I acknowledge that I provided the Notice to Employees Regarding the Nevada Pregnant Worker's Fairness Act.

Administrator's Name (Please Print): _____

Administrator's Signature: _____ Date: _____

HUMAN RESOURCES APPROVAL/DENIAL OF REQUEST FOR LEAVE OF ABSENCE:

___ Approved

___ Denied for the following reason(s): _____

HR Administrator Signature: _____ Date: _____