

**Lebanon School District SAU # 88
Change of Employee Status Form**

Employee Name _____ Date _____
Last Date Worked _____ Date of Return _____

REQUEST - LEAVE/EXTENDED LEAVE (To be filled out by employee):

- _____ Sabbatical
- _____ Extended Bereavement (Beyond Allowance in Master Agreement)
- _____ FMLA (Circle Reason: Extended Personal Illness, Maternity/Paternity, Personal Injury Unrelated to Work)
- _____ Workers' Compensation (Work Related Injury)
- _____ Unapproved Unpaid Leave
- _____ Approved Unpaid / Paid Leave (Please Specify: _____)
- _____ Other Leave (Circle Reason: Military Service, Jury Duty)

CHANGE OF STATUS: (To be filled out by Supervisor)

- _____ Part-Time to Full Time Date: _____
- _____ Full-Time to Part-Time Date: _____
- _____ Resignation Date: _____
- _____ Retirement Date: _____
- _____ Termination for Cause Date: _____
- _____ Non-Renewal Date: _____
- _____ R.I.F Date: _____
- _____ Return from Medical Leave Date: _____

Please attach a copy of any documentation or written request provided by the employee

Supervisor Approval: _____
BA | HR Acknowledgement: _____
Superintendent Approval: _____

This form is to be submitted by the HR Department to the Superintendent's office for immediate notification of an employee's temporary or permanent leave of absence, resignation, termination, non-renewal or R.I.F; pursuant to the appropriate article in the employee's bargaining unit agreement.

Additional Comments: _____

