



MINOOKA CCSD #201

REQUEST FOR LEAVE OF ABSENCE

COMPLETE AND RETURN TO Julia Adamic, Employee Benefits Specialist: jadamic@min201.org

Name:	Current Date:
Building:	Hire Date:
Position:	<input type="checkbox"/> Licensed <input type="checkbox"/> Non Certified

Have you utilized FMLA time in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
Do you have a stipend that will be affected by this leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____

TYPE OF LEAVE REQUESTED

(Choose One)

FMLA leave* (Maximum of 12 weeks in a "rolling" 12 month period)

- _____ Medical – Self/Family Member (**Medical Certification Required**)
- _____ Parental – Maternity/Paternity
- _____ Military

Leave of Absence – Unpaid (Approval granted by Superintendent's Office)

Leave of Absence – NOT FMLA Eligible

- _____ Medical - Self/Family Member (Medical Certification Required)
- _____ Parental - Maternity/Paternity
- _____ Military

LENGTH OF LEAVE

Start Date:	End Date:	Return to Work Date:
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***For FMLA Leave Requests:** Insurance continues for the duration of the 12 week family and medical leave period at the same level and under the same conditions that existed at the time of the commencement of the leave. Any leave over 12 weeks will require further approval by the Board of Education. The employee's group health insurance may be continued after 12 weeks, but be at the full expense of the eligible employee.