



Election of Use of Leave while on Family Medical Leave

Highland Park Independent School District

NAME: _____ DATE: _____

CAMPUS: _____ POSITON: _____

LEAVE TIMELINE

I will be out from _____ to _____, which is _____ number of work days.

☐ I understand that I will need to use my accrued Local and State leave in order to be paid during my leave. Any absences beyond these accrued leave days will be docked at my daily rate of pay.

I currently have _____ **Local** leave days available to use.

I currently have _____ **State** leave days available to use.

*You can find your Daily Rate of Pay and Leave Day balances in your Skyward Employee Access

DOCKING ELECTION

Once HR approves your leave, if you do not have enough accrued time to cover your absence, please select how you would like the salary deduction to be handled:

☐ **I have enough paid leave** and will not be docked for my absences.

☐ **I choose to be docked in as few paychecks as possible** to cover the total docked amount.

☐ **I choose to spread** the docked amount over multiple paychecks.

Please list the month you wish for the dock to begin: _____ and end: _____

For Teachers requesting Maternity/Paternity ONLY

You may elect to NOT use your accrued leave days. Please note you will be docked for the entirety of your leave if you select this option.

☐ I elect to **USE** my accrued leave days.

☐ I elect to **NOT USE** my accrued leave days.

I understand that Highland Park ISD requires me to submit a **Certification of Healthcare Provider** in connection with my request for leave and that my leave will not be approved until this is received.

I further understand that if I make any false or misleading oral or written statements in connection with my request for leave, I will be subject to appropriate disciplinary action, up to and including termination of employment. I certify that I will comply with Highland Park ISD's Family and Medical Leave Policy contained in the Employee Handbook.

Signature