

Directions for filling out the “Leave of Absence Request Form”

If you are requesting to take Family Medical Leave Act “FMLA” leave please complete the attached “Leave of Absence Request Form”.

Fill out the entire form except for “The number of hours worked in the past 12 months”, which will be calculated in the Business Office.

If your “Contract” or “Compensation & Benefits Plan” allows you to take days off prior to FMLA beginning and you choose to do so, include that information on the form. Check your “Contract” or “Compensation & Benefits Plan” to see if this option applies to you.

Once the form is completed, return it to Allison Mercovich, Human Resources Generalist.

Saucon Valley School District
Leave of Absence Request Form

Directions for applying for Leave of Absence:

- Employee completes this request form and gives to their Supervisor to sign.
- For questions and submission of forms contact Allison Mercovich, Human Resources Generalist at allison.mercovich@svpanthers.org or 610-838-7001 Ext 1101

Part I: Leave Request Data

After review, you will be notified as to the status of your leave request.

Employee's Name:	Social Security Number	Employee Email Address:	Job Description
Employee Mailing Address:	Hire Date	DOB	Hours accrued in past 12 months - office only

REASON FOR REQUEST: (Check one)

Birth of Child	Due Date (M/D/YYYY):
Placement for Adoption/Foster Care	
Serious Health Condition of Employee	Personal Leave of Absence
Care for seriously ill family member Name:	Relationship:
Military Family (Exigency) Leave Name:	Relationship:
Military Care Giver Leave Name:	Relationship:

Date requested Leave is to begin:	Date you expect to return to work:
Are you requesting intermittent leave? If YES, explain schedule requested:	Yes No
Are you requesting a reduced work schedule? If YES, explain schedule requested:	Yes No
Do you want to use accrued time during the leave using vacation or sick time? *Approval Required	Yes No
If YES, type of accruals:	Vacation Sick
Do you want to be placed on FMLA Leave without pay for any period? Explain request:	Yes No

I understand that:

- During my FMLA-eligible period of paid leave, my benefits will continue.
- For unpaid leave only: information on continuing premium payments will be sent to me by my Employer.
- I am responsible for notifying my employer immediately, in writing, of any changes(s) in the leave period.

Employee Signature:	Date:
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Part II: Supervisor Information

Department Head Signature:	Print Name:	Date:
Human Resources Signature:	Print Name:	Date: