



PITTSBURG COMMUNITY SCHOOLS USD 250

510 Dell, PO Drawer 75, Pittsburg, KS 66762 Phone: (620) 235-3100 Fax: (620) 235-3106

Application for USO 250 Paid Time Off (PTO) Leave Pool

Employee Name: _____

School Building: _____

Date of application being submitted: _____

To be completed by Employee:

Have you used all of your accumulated paid time off (PTO)?

☐ Yes, I have used, or will have used, all of my available PTO by the first day of my request from the leave pool.

☐ The reason I am requesting these days meets the requirements for paid time off leave pool eligibility. The leave pool shall be used in the event of **prolonged medical condition**.

☐ Yes, I am under a doctor's care for a prolonged medical condition.

OR

☐ Yes, an eligible family member is under a doctor's care for a prolonged medical condition. Eligible family members: spouse, domestic partner, parents of the employee or spouse, or domestic partner, and children or stepchildren of the employee.



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	Number of Days	
Leave Timeframe		First Day: _____
		Final Day:
*Intermittent Leave (to be used intermittently after returning to work for continuing care of the prolonged medical condition)		First Day:
		Final Day:
TOTAL Number of Days		



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Employee Name: _____

Patient's Name if not employee: _____

Relationship to Employee: _____

The Paid Time Off Leave Pool form will be accompanied by a signed written statement on letterhead from the employee's physician or physician of the eligible family member certifying that the employee is incapable of performing their duties as a result of the prolonged medical condition. The physician will certify in writing the number of days of absence the prolonged medical condition requires.

By my signature below, I agree to the release of information to facilitate this request from my physician to Pittsburg Community School District USO 250 and Classified Paid Time Off Leave Committee.

Employee Signature: _____ Date: _____

To be completed by Employee while meeting with Building Administrator or Human Resources:

My Building Administrator or Human Resources:

- ☐ Reviewed with me how to access the classified handbook online.
- ☐ Reviewed with me the rules, procedures, and options for applying for paid time off leave pool, extended leave, and catastrophic leave.
- ☐ Reviewed with me Family Medical Leave Act (FMLA) including rules specific to school employees.
- ☐ Answered all of my questions.

Employee Signature: _____ Date: _____

Building Administrator or Human Resources: _____ Date: _____