

Leave Request

EMPLOYEE INFORMATION

First Name : Last Name :

Building : Position :

Contact Information (Preferred Method) :

☐ Phone # :

☐ Email :

TYPE OF LEAVE REQUEST

☐ Medical Leave (Non-FMLA)

(If checked, please specify below)

☐ Personal Health

☐ Care of a Family Member

☐ Worker's Compensation

☐ Maternity/Paternity

☐ Military Leave

☐ Other :

REQUEST INFORMATION

Leave Start Date :

Anticipated Return to Work Date :

Length of Absence : Days Weeks

☐ Intermittent ☐ Continuous Block of Time

Additional Information :

To be approved for medical leave, per the classified handbook, one must submit medical certification which attests to the serious health condition and/or inability of the employee to continue his/her duties. Your employment records will be reviewed to verify the type of leave for which you are qualified. You will be notified by email or phone regarding the status of your request.

Please email completed form to brooke.reeder@usd232.org

Employee Signature : Date of Request :

