

Leave of Absence Application

Instructions – Employee: Complete and attach any required documentation. Make a copy of this form and any required documentation. Sign the original, keep the copies and forward the original(s) to Human Resource Services.

EMPLOYEE INFORMATION

| | | |
|--------------|-------------|-------------------|
| Name | Employee ID | Date |
| Home Address | City | State Zip |
| Home Phone | Cell Phone | School/Department |

Requested Leave Begin Date

Anticipated End Date of Leave

TYPE OF LEAVE REQUESTED (MARK ALL THAT APPLY):

- ☐ Sick Leave Bank (Attach Certification of Health Care Provider form)
- ☐ PPL – Paid Parental Leave
- ☐ Extended Leave/Long term Leave –up to 60 calendar days. (Attach Certification of Health Care Provider form).
- ☐ FMLA –Family and Medical Leave Act (Attach Certification of Health Care Provider form or other FMLA forms if for a military exigency or military caregiver leave).
- ☐ Extended Leave/Long Term Leave 61 to 180 calendar days (Attach Certification of Health Care Provider form).
- ☐ Extended Leave/Long Term Leave -181 to 365 calendar days –UNPAID only (Attach Certification of Health Care Provider form or a written statement explaining the reason for the leave request). **(Written Agreement 8.4)**
- ☐ Sabbatical Leave **(Written Agreement 8.6)** (Attach written proposal describing in detail the activity proposed during the Sabbatical)
- ☐ Renewal Leave **(Written Agreement 8.7)** (Attach written proposal describing in detail the activity proposed)
- ☐ Other: _____

EMPLOYEE SIGNATURE: I understand it is my responsibility to know my leave balances and the limited amounts of leave that can be used per negotiated agreements and/or district policy.

Date:

TO BE COMPLETED BY HUMAN RESOURCE SERVICES

- ☐ Approved as submitted: _____ Date: _____
- ☐ Approved with these modifications: _____ Date: _____
- ☐ Denied because: _____ Date: _____
- ☐ Other: _____ Date: _____