Leave of Absence Request Form

Employee Instructions: Page 1 and 2 of this form is to be completed by the employee to request time off for an extended leave. Submit the completed form, along with Page 3, to your Manager or Human Resources Representative. This form is not intended to be used for a vacation or sick time request.

Employee Data

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Colleague ID#</th>
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<tr>
<th>Home/Cell Phone Number</th>
<th>Email Address</th>
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Date of Leave

I am requesting a leave of absence beginning on _____________ and ending _____________  □ Intermittent

Reason for Leave of Absence

Requirements: A note from your physician indicating date of disability, date of leave and estimated return to work date.

☐ Personal Reasons (non-medical): __________________________________________________________

☐ Military Leave - attach military order

☐ My own serious health condition (non-work related)
  Date of Disability: _____________________

☐ The care of my spouse, child or parent with serious health condition

☐ Maternity and/or care of a newborn child
  Estimated Due Date/Date of the event: ______________________________

☐ The placement of a child for adoption or foster care.
  Date of the event: ______________________________________________

☐ Work related injury. Date of event: _________________________________
  Has a Worker’s Compensation claim been filed? □ Yes □ No

☐ “Any qualifying exigency” arising from the fact that a spouse, son, daughter or parent of the employee is on active military duty, or has been notified of an impending call to active duty status in support of a contingency operation.

☐ To care for the serious illness or injury sustained in the line of active duty by a spouse, son, daughter, parent or next of kin of a covered service member, an eligible employee may receive up to 26 weeks of leave.
  *Requirements: A note from your physician indicating date of disability, date of leave, and estimated return to work date.
Use of Vacation or Sick during Leave

I request to use the following:

☐ Sick. Indicate how many hours will be applied: _______________________________

☐ Vacation. Indicate how many hours will be applied: __________________________

☐ None

☐ Other Type of Pay (other than regular, sick, PTO or vacation, such as Floating Holidays or Extended Sick Leave).

  Type: _____________________________ Hours: _________________________________

Please read the following important disclosures and information about your leave request.

1. My request for a leave of absence may be denied subject to the operational needs of the District.
2. I must provide my Manager or HR Representative with periodic updates as to my return to work.
3. I must submit monthly absence report.

EMPLOYEE SIGNATURE  DATE
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## Leave of Absence Condition

**Please confirm:**

- [ ] First day of leave: ______________________

**Will the employee be using:**

- [ ] None
- [ ] Sick. Hours will be applied: ______________________
- [ ] Vacation. Hours will be applied: ______________________
- [ ] Extended Sick Leave: Hours will be applied: ______________________
- [ ] Other Type of Pay (other than regular, sick, or vacation, such as Floating Holidays)
  - Type: ___________________  Hours: ___________________

**Is this leave approved for FMLA? (Talk with Human Resources to determine)**

- [ ] Yes  [ ] No

**Leave of Absence:**

- [ ] Approved  [ ] Denied

## NOTES:

______________________________________________________________________________________

______________________________________________________________________________________

**Manager & HR Signature**

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<tr>
<th>MANAGER - PRINTED NAME AND TITLE</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>AVP HUMAN RESOURCES - PRINTED NAME</td>
<td>SIGNATURE</td>
<td>DATE</td>
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