

Leave of Absence Request

Please complete this form and submit to the Human Resources Dept. at least 30 days prior to leave or if leave is unforeseen, as soon as practical. A Human Resources Representative will contact you upon receipt of this form and sufficient documentation may be required to support your leave request.

Employee Name: _____ **Date:** _____

Position: _____ **Full Time** ___ **Part Time** ___ **% Location:** _____

Reason for Leave: _____

Leave is expected to be (select most appropriate box):

Continuous block of time (several continuous days, weeks or months off work)

Estimated Leave Start Date: _____ **Estimated Leave End Date:** _____

Reduced work schedule (change in work schedule-fewer hours or days per week)

Estimated Leave Start Date: _____ **Estimated Leave End Date:** _____

Please list expected reduced schedule: _____

Intermittent basis (periodic time off for ongoing treatment/appointments)

Estimated Leave Start Date: _____ **Estimated Leave End Date:** _____

Please list expected intermittent schedule: _____

Number of Sick, Personal, or Vacation Days to be used during your leave: _____

Requesting Sick Bank? If yes, which union? _____ **SCESP Sick Bank** _____ **SCEA Sick Bank**

Employee Signature: _____ **Date:** _____

Supervisor/Principal Signature: _____ **Date:** _____

****Return to Human Resources****

-----Do Not Write Below This Line -Human Resources Use Only-----

Hire Date: _____ **FMLA Eligible:** Yes ___ No ___ **FMLA forms sent:** _____ **Documentation rec'd** _____

Total # Days on Leave: _____ **Leave Start Date:** _____

Days Paid Leave: _____ **Leave End Date:** _____

Days Unpaid Leave: _____ **Return to Work Date:** _____ **Fitness for Duty rec'd** _____

Sick Bank Eligibility Date: _____ **NOTES:** _____

Sick Bank Days Approved: _____

Completed by Human Resources Date

Ex. Director of Human Resources Date