

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: _____

Days Paid Leave: _____

Days Unpaid Leave: _____

Sick Bank Eligibility Date: _____

Sick Bank Days Approved: _____

Leave Start Date: _____

Leave End Date: _____

Return to Work Date: _____ Fitness for Duty rec'd _____

NOTES: _____

Completed by Human Resources _____ Date _____

Asst. Supt./Leadership & Administrative Services _____ Date _____