



Revised 1/09

REQUEST FOR EXTENDED LEAVE OF ABSENCE

****EFFECTIVE JANUARY 1, 2009, ALL LEAVE REQUESTS MUST BE ACCOMPANIED BY A DOCTOR'S STATEMENT AND A COMPLETED APPLICATION FOR FAMILY OR MEDICAL LEAVE. ADDITIONALLY, RETURN TO WORK STATEMENTS MUST BE SUBMITTED PRIOR TO RETURN.**

Employee's Name: _____ SSN: _____ Date: _____

Position: _____ School: _____

I am requesting a leave of absence beginning on _____
(date of first day of absence)

and ending on _____ for the following reasons:
(date of last day of absence)

_____ Medical: _____ Self _____ Family Member: Specify _____
_____ Maternity
_____ Family Medical Leave (<i>MUST attach Application for Family or Medical Leave. Refer to FMLA guidelines.</i>)
_____ Self _____ Family Member: Specify _____
_____ Job Related Injury/Illness (Worker's Comp.)
_____ Other: Specify _____

I will be using _____ (number)* accumulated sick leave days, and/or _____ (number) personal leave days with any remaining days to be unpaid. If granted, it is my intention to return on _____.
{Note to certified personnel: UNPAID LEAVE DAYS MAY CAUSE A REDUCTION IN YOUR ACCUMULATED EXPERIENCE RATING.}

With the exception of illness or pregnancy, the leave dates recorded above are expected to be certain. Any request for extension of leave dates shall be in writing and on file in the Human Resources office **ten (10) days** prior to the scheduled date of return. In case of leave due to extended illness or pregnancy, a doctor's release statement must be submitted **five (5) days** prior to return to service.

Any teacher on leave shall, at least thirty (30) days prior to the date of return, notify the Human Resources Department, in writing, if said teacher does not intend to return to the position from which he/she is on leave. Failure to render such notice may be considered breach of contract.

* Are you a member of the Sick Leave Bank? _____ Will you be requesting days from the Sick Leave Bank? _____
* Teachers may use a **maximum** of thirty (30) accumulated leave days for maternity leave.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

THIS FORM IS REQUIRED FOR CONSECUTIVE ABSENCES OF AT LEAST TEN (10) DAYS FOR CERTIFIED PERSONNEL OR FIVE (5) DAYS FOR SUPPORT STAFF.

****FORWARD APPROVED FORM TO HUMAN RESOURCES.***