

**REQUEST FOR A LEAVE OF ABSENCE**  
*Requested for five (5) or more consecutive days*

**Employee Information:**

Employee Name: \_\_\_\_\_  
 Location: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Principal/Supervisor: \_\_\_\_\_ FTE or Hours/Day Requested: \_\_\_\_\_

**Reason for Requesting Leave:** *Check all that apply.*

- Maternity/Paternity ..... Estimated date of childbirth: \_\_\_\_\_
- Adoption
- Medical: For employee's own health condition
- Family Medical: to care for a family member ..... Relationship to you: \_\_\_\_\_
- Personal/Other (Please see the reverse page and check the appropriate reason for your leave request)

**Duration of Leave:** Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

PFML Start Date: \_\_\_\_\_ PFML End Date: \_\_\_\_\_

**Applicable Leave Usage:** *Check all that you would like to use. Please refer to your collective bargaining agreement for specific language on leaves (BIEA, Article VIII | BIESPA, Article VII).*

PFML	Approval for Paid Family Medical Leave is managed by the Employment Security Department. While this leave type does not require district approval, the district and your principal/supervisor will need to know the dates you intend on taking this leave. Please notate dates for PFML leave separately from any district leaves you are applying for.
Sick Leave	To be used for a medical leave of absence. Your sick leave will be deducted for the balance of your leave. <b>A letter from your medical provider will be required for approval.</b>
Personal Leave	May be used for any absence.
Unpaid	To be used if you do not have enough sick and/or personal leave to cover your leave request. You can check employee access to view your current leave balance. <b>You will not accrue seniority or experience when you are on unpaid leave.</b>
Vacation	This applies to classified employees who work a full year. If you are an employee only during the regular school year, you do not have access to this leave.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor/Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*You must have your supervisor or principal sign this form before submitting to HR.*

HUMAN RESOURCES USE ONLY		
Approved _____ Denied _____	Leave Begins:	Leave Ends:
	Reason:	
Director of Human Resources:		Date:
FMLA used in last 12 months:		
Total hours worked in prior 12 months:		



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If you selected **Personal Leave/Other** on the previous page, please check the appropriate reason for your leave(s). You may also use the box below to provide additional context, or attach an explanation.

	Study, research, and/or writing related to professional assignment.
	Mandatory military leave.
	Childcare/family emergency.
	Teacher exchanges and/or teaching abroad.
	Office in professional organization.
	Employment in professionally related activities.
	Reduction in force (employees volunteering for reduction in force leaves of absence to either avoid losing their own position or to prevent another continuing employee from losing her/his position will be returned to their former position, if available).
	Unusual circumstances. For unusual circumstances, a certificated employee not meeting any of the criteria listed in Items a – g may be granted unpaid leave at the discretion of the district after consultation with the Association President or her/his designee.

**Additional Explanation (You may attach a separate page, if needed):**