

LEAVE OF ABSENCE APPLICATION

Before completing this application it shall be the employee's responsibility to read the appropriate bargaining unit contract sections on leaves.

Employee Name

Social Security #

Position & Location

First Date of Leave

Last Date of Leave

Immediate Supervisor

TYPE OF LEAVE REQUESTED:

- Child Care
- Maternity – Doctor's Verification Required
- Personal – Attach Explanation
- Health – Doctor's Verification Required
- Sabbatical – See Certificated Contract
- Military – Attach Copy of Orders
- Family Medical Leave (Birth, Adoption, Care of Child/Parent/Spouse/Self – attach FMLA forms)
- Other: _____

I understand that during an unpaid leave (except Family Medical Leave) the District shall cease paying health benefits. If I wish to continue such benefits I must arrange with Payroll to personally pay the premium costs, prior to the start of the leave.

I understand that upon my return from leave I am responsible to notify Payroll of my return and sign up for benefits.

Emergency address and telephone number while on leave:

Employee Signature: _____ Date: _____

Immediate Supervisor: _____ Date: _____

Human Resources Administrator: _____ Date: _____

Distribution: Original - Human Resources; Copy – Payroll, School Site, Employee