



LEAVE OF ABSENCE REQUEST

Directions: Please complete, sign and submit to the Talent Division for review and processing.

CHECK ONE: Family/Medical Leave (FMLA)* Health Leave* Personal Leave
 Job Injury Military Leave Sabbatical (Education) Work Experience

(Please review District Policy or Employee Agreements for information regarding types of Leaves available)

Employee Name: _____ Employee ID No: _____

School/Location: _____ Position: _____ Date of Hire: _____

Reason for Leave Request: (do not list medical diagnosis)

*For **Family/Medical Leave and Health Leave Requests**: Please attach an attending physician's statement or completed FMLA documentation supporting the period of Leave being requested.

Requesting: Paid Leave (Personal Leave Time Vacation Time)

Dates): From: _____ Through: _____

Requesting: Unpaid Leave

Dates): From: _____ Through: _____

Is this Leave Request due to a work injury? Yes No

Applicant's Signature: _____ Date: _____

Leave Assistance Program – (Donation of Leave Days for long term leaves): *Employees who have depleted his/her paid leave days or anticipate exhausting all paid leave time, may request access to the "Leave Assistance Program" by submitting a Medical Leave Assistance Program request form to the Talent Division. If days are contributed to an employee via this program, donated leave days are intended for the use of the employee only to compensate for days missed due to personal illness reasons. (Forms are available from the Talent Division)*

Thank you for submitting your request; you will receive a written response approving or denying your request from the Talent Division.

Note: This is not an application for Short-Term or Long-Term Disability insurance coverage.