

Leave of Absence Request Form

Personal & Leave Information: To Be Completed by Employee Requesting Leave

Full Name (First, MI, Last) _____ Last 6 of SSN _____
 Phone Number _____ Personal Email Address: _____
 Current Job Title(s) _____ Work Location _____

Leave Request Information: New Request OR Revision to Previous Request
 Last Day I Plan to Work: _____ I Plan to Return to Work on: _____
 (Please check if unable to determine at this time)

My Absence will be: Continuous (*without interruption*) OR Intermittent (*occurring at irregular intervals*)

Reason for Leave:

- Own Illness
- Care for Immediate Family Member
- Birth of Child
- Placement of a Child for Adoption or Foster Care
- Educational/Professional Leave
- Military Leave
- Other (explain) _____

Check Leave type(s) you plan to use in accordance with RSS Board Policy:

- Sick Leave
- Annual Leave
- Paid Parental Leave
- Personal Leave (*Classroom Teachers that require sub only*)
- Leave Without Pay
- Military Leave (if applicable)
- Jury Duty/Miscellaneous/Bonus Leave (*circle one*)
- Request Voluntary Shared Leave (application required)
- Extended Sick Leave (*Only available for Classroom Teachers and will incur a \$50 per day charge for sub*)

MAINTAINING BENEFITS DURING PERIODS OF UNPAID LEAVE: I understand that if I go on unpaid leave, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as hospitalization, dental and cancer insurance, loan payments, etc. I will make arrangements with the Payroll Department to maintain coverage and forward payments.

Signature of Employee _____ Date _____

To Be Completed by School Treasurer:

Leave Balances as of _____ (date). Employee's Hire Date _____

<u>Leave Type</u>	<u># of Hours</u>	<u>Leave Type</u>	<u># of Hours</u>
Sick Leave	_____	Annual Leave	_____
Personal Leave	_____	Other Leave	_____ Type: _____

School Treasurer Signature _____ Date _____
 Principal/Supervisor Signature _____ Date _____

To Be Completed by Human Resources:

- Eligible for FMLA
 - Not Eligible for FMLA
- Approved Leave Dates: _____ to _____
 Actual Return to Work Date: _____

Human Resources Approval Signature _____ Date _____

Special requests can be made to Human Resources for the donation of Voluntary Shared Leave if the employee, as a result of a serious medical condition of self or his/her immediate family, faces a prolonged absence or frequent absences from work, resulting in a potential financial hardship for the employee.