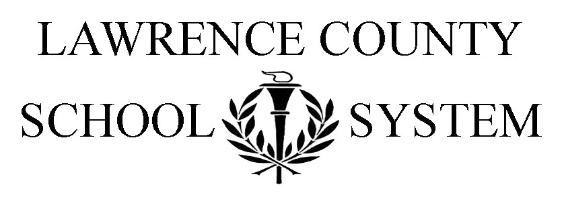
Leave of Absence Form

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Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leave Category Requested** **Reason for Leave**

Paid  Maternity/Care for New Child

Unpaid  Employee’s Own Illness

Other(Explain: )  Family Member (Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Personal Leave

Sabbatical Leave

Military Leave

Other Leave: (Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Beginning Date of Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to Work Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number During Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Supervisor/Principal Signature

**Leave Information:**

* Employees missing six or more consecutive days shall submit a *Leave of Absence* Form
* The *Leave of Absence* form will initiate the FMLA process.
* Any requests for an extension or reduction in leave shall be forwarded to the Director of Human Resources.
* Unless an emergency, all *Leave of Absence* forms shall be submitted 30 days prior to the leave.

Central Office Use Only:

Date of Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Schools Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_