

Leave of Absence Form

Employee Name: _____

Last 4 Digits of Social Security Number: _____

Department/School: _____

Position: _____

Date of Request: _____



Leave Category Requested

- Paid
- Unpaid
- Other(Explain: _____)

Reason for Leave

- Maternity/Care for New Child
- Employee's Own Illness
- 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: _____

Employee Signature

Supervisor/Principal Signature

LCSS E-mail of Person Filling Leave: _____ Does Person Need Skyward Access? Yes No

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: _____