

REQUEST FOR EXTENDED LEAVE OF ABSENCE

Name: _____

Campus: _____

Address: _____
Street

Position: _____

City State Zip Code

Date of Employment: _____

Beginning Date of Leave: _____

Requested Return to Work Date: _____

Dates are: Estimated Dates Actual Dates Intermittent Leave # of Weeks Off Work _____

Check One

REASON FOR ABSENCE

Documentation Necessary

Employee

Employee Illness /Medical Leave (for more than 5 consecutive work days)

- Limited to medical leave necessary for employee illness/surgery
FMLA guidelines apply and leave runs concurrent with other leave
- Extended Sick Leave to be granted per District Policy

Medical certification with applicable dates

Maternity/ Parental Leave

FMLA guidelines apply and leave runs concurrent with other leave
- Extended Sick Leave to be granted per District Policy

Medical certification with applicable dates

Adoption or Foster Care Placements -

FMLA guidelines apply and leave runs concurrent with other leave

Note from appropriate agency

Assault Leave - FMLA guidelines apply

Family Member Illness

Family Medical Leave (for absences for more than 5 consecutive work days)

-Limited to medical leave for illness within the employee's family
(as defined by District policy)
FMLA guidelines apply and leave runs concurrent with other leave

Medical certification with applicable dates

Qualifying Exigency for Military Family Leave

Certification Form

Serious Injury/Illness of Covered Service member for Military Family Leave

Certification Form

Leave Option for Employees with "Flex Vacation Days":

I choose to use all available flex vacation days.

I choose to use only _____ flex vacation day(s) for this leave request.

I choose not to use any flex vacation days for this leave request.

Your signature below is not an approval, but acts as an acknowledgement of the request.

Employee Signature: _____

Date: _____

Principal/Manager Signature: _____

Date: _____

Extended Sick Leave Eligible? <input type="checkbox"/> No <input type="checkbox"/> 15 Days <input type="checkbox"/> 30 Days		FDO: _____	LDO: _____
FMLA Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Days Used: _____	
Temporary Disability Leave Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Risk Mgmt. Specialist Signature: _____			Date: _____