

Request for Leave of Absence Form



IF THE EMPLOYEE IS TO BE ABSENT FOR ELEVEN (11) DAYS OR MORE, THIS FORM IS REQUIRED

EMPLOYEE INFORMATION			
Employee Name (First, Middle Initial, Last Name)			
Home Address	City	State	Zip
Employee ID Number	Telephone Number <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
Site:	Position:		

ABSENCE INFORMATION		
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Extension Request	Requested Start Date:
		Anticipated Return Date:

TYPE OF LEAVE	
Are you requesting an Intermittent leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a work related illness/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No

REASON(S) FOR LEAVE	
Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please visit the HR Benefits Office or email Hr-benefits@susd12.org	
<input type="checkbox"/> Employee's own serious health condition	<input type="checkbox"/> Study/Training/Education
<input type="checkbox"/> Care for ill parent, spouse, or child	<input type="checkbox"/> Military Service
<input type="checkbox"/> Birth of a Child	<input type="checkbox"/> Qualified military exigency parent/spouse/child
<input type="checkbox"/> Care for newborn/Adoption	<input type="checkbox"/> Care for covered military service member
<input type="checkbox"/> Other (Please Explain)	
For leaves due to your own or a family member's serious health condition, a Medical Certification form is required and MUST be filled out.	
<input type="checkbox"/> A completed <i>Medical Certification form</i> is attached.	
<input type="checkbox"/> I will submit a <i>Medical Certification form</i> within 15 days to the Benefits Office.	
SUSD will verify your FMLA eligibility and notify you as applicable. If your leave request does not qualify for FMLA, it will be reviewed and approval for another leave type will be determined in accordance with the Governing Board Leave Policy.	

DAYS REQUESTED AND REQUIRED DOCUMENTS	
According to District policy, you MUST use your accrued time (PTO and vacation) during Medical/FMLA leave. The exceptions that allow you to reserve accrued vacation or PTO for later use are: 1) birth of a child, 2) adoption, or 3) foster placement of a child. If you qualify to reserve accrued time, please indicate below how many days you wish to reserve.	
<input type="checkbox"/> My leave qualifies me to reserve accrued time according to the above statement; I wish to reserve ___ days.	
Please initial each section below:	
___ I understand that I am to report my absences to iVisions until the HR/Benefits Department has cleared me.	
___ I understand that if I qualify for FMLA leave, I will be required to submit a Medical Certification from my Health Care Provider to the HR/Benefits Office. Failure to complete the necessary forms may result in a delay or prevent leave approval.	
___ If on medical leave, I understand that I MUST provide the HR/Benefits Department a Return to Work Authorization from my physician at least 2 days PRIOR to my return. I CAN NOT report work until the HR/Benefits department has cleared me.	
___ If I am unable to return to work on my anticipated return date, I understand that I must request an extension 2 days prior to my revised return date.	
___ I understand that any benefits I may have can continue as long as I remain in a paid status. If I go into an unpaid status while on FMLA, I will make financial arrangements with SUSD to continue payment of my portion of the premiums. If I go into an unpaid status and ineligible for FMLA, my benefits will terminate at the end of the month in which my accrued leave is depleted and I will be offered COBRA.	

Employee Signature:	Date:	Administrator Signature:	Date:
		HR Director Signature:	Date: