

# Request for Leave of Absence

## INSTRUCTIONS TO EMPLOYEE

Complete the "Employee Information" section. Select the type of leave being requested and complete the section. Sign and date the "Employee Leave Request Acknowledgement" section. Return this form as soon as possible to the Human Resources Department.

**Certificated Employees** – Attn: Amber Christman, **Classified Employees** – Attn: LeAnna Warner

### EMPLOYEE INFORMATION

Employee's Name:	Date Form Completed:	
Employee's Job Title:	Work Location:	
Home Address:		
Home or Cell Phone:	E-Mail:	Employee ID#:

**Check one type of Leave below (FMLA, Child Rearing, Personal, or Other)**

### FMLA LEAVE REQUEST – Reason for FMLA Leave: Please check one box below

- Employee must have worked at least 12 months of service with SMUSD prior the leave request date.
- Employee must have worked at least 1,250 hours of service during the 12-months period preceding the date the leave begins.
- Employee must not have taken FMLA during the 12-months preceding the date the leave begins.

<input type="checkbox"/> Birth of Child	<input type="checkbox"/> Placement of child for adoption or foster care	<input type="checkbox"/> Serious health condition of employee
<input type="checkbox"/> To care for the serious health condition of child, spouse or employee's own parent		
<input type="checkbox"/> Other - Please explain:		

**Must be completed with dates (if unknown, state TBD with best estimate of date):**

- Date Requested for Leave to Begin:** \_\_\_\_\_ **Return to Work Date:** \_\_\_\_\_
- Will this leave be taken on an Intermittent Basis?**  Yes  No

### CHILD REARING LEAVE REQUEST

**Date of Birth or Adoption of Child:** \_\_\_\_\_

**Must be completed with dates:**

**Date Requested for Leave to Begin:** \_\_\_\_\_ **Return to Work Date:** \_\_\_\_\_

### PERSONAL LEAVE REQUEST

**Reason for Personal Leave Request:** \_\_\_\_\_

**Must be completed with dates:**

**Date Requested for Leave to Begin:** \_\_\_\_\_ **Return to Work Date:** \_\_\_\_\_

### OTHER LEAVE REQUEST

**Type of Leave Being Requested:** \_\_\_\_\_

**Reason for Leave:** \_\_\_\_\_

**Must be completed with dates:**

**Date Requested for Leave to Begin:** \_\_\_\_\_ **Return to Work Date:** \_\_\_\_\_

### EMPLOYEE LEAVE REQUEST ACKNOWLEDGEMENT

I acknowledge that I have carefully read and fully understand the provisions under the SMUSD [Board Policy 4161.8](#) and the SMEA/CTA/NEA & SMUSD Master Contract or the CSEA, Chapter #413 & SMUSD Master Contract.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

### LEAVE APPROVAL RESPONSE – HR USE ONLY

Completed Leave request form received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Request for \_\_\_\_\_ Leave has been:  APPROVED  DENIED Reason for Denial Attached:  YES  NO

Assistant Superintendent, Human Resources & Development \_\_\_\_\_

Date \_\_\_\_\_