



HARRISBURG SCHOOL DISTRICT

2101 North Front Street, Building 2 • Harrisburg, PA 17110-1081
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Human Resources Department

LEAVE OF ABSENCE REQUEST FORM

Employee Name: _____ Home Phone Number: _____

Position: _____ Work Location: _____

To ensure that you are eligible for a leave of absence under the law, applicable collective bargaining agreement, applicable administrator compensation plan or school district policy or practice, you are requested to complete this form **30 days in advance** of your desired leave. Failure to provide required information in a timely manner may result in a denial of your leave request or other important benefits (medical emergencies are the exception).

REASON FOR LEAVE OF ABSENCE (Check Appropriate Box)

Family-Related

- Birth of child, up to 6 weeks for natural birth and 8 weeks for caesarian. Attach physician's certification of dates of leave.
- To care for newborn or difficult pregnancy. Attach physician's certification and/or copy of birth certificate. Entitlement to this category expires 12 months after child's date of birth.
- Adoption or foster care. Attach a copy of adoption or foster care placement papers. Entitlement to this category expires 12 months from date of adoption or foster care placement.
- To take care of immediate family member – son, daughter, spouse or parent (not in-laws) with a serious health condition. Attach a copy of physician's certification.
- Military caregiver. Up to 26 weeks for family relationships as defined by law. Attach a copy of military orders.

Employee Serious Health Condition (Intermittent leave may be granted if corresponding documentation indicates a need for interrupted days off.)

- Illness, injury, impairment, physical or mental conditions which disables employee from performing the functions of his or her job. Attach a copy of physician's certification.

Military

- Called to duty with National Guard or Reserves Unit. Attach a copy of military orders.

Sabbatical

Number of consecutive years of professional service with the Harrisburg School District: _____
 Number of years of satisfactory service in the Commonwealth of Pennsylvania: _____
 My last Sabbatical was from: _____ to: _____

- Full-time continuing educational study. Attach a copy of a letter of acceptance from educational institution and a course schedule for all semesters. Any changes to your course schedule must be approved. Proof of enrollment is due at the beginning of each semester. Official sealed transcripts are due at the end of each semester.
- Restoration of health. Attach physician's certification of dates of leave.

Personal

- Unpaid leave with no benefits

Requested Leave Start Date: _____ Requested Leave End Date: _____

Employee's Signature: _____ Date: _____

Employee's Supervisor's Name: _____

Employee's Supervisor's Signature: _____ Date: _____

EMPLOYEE ACKNOWLEDGEMENT

I request to be placed on a leave of absence based on the attached certification from a physician, certified agency, court of law or military department. I understand that in the event of family and medical leave (FMLA), I must first use all of my accrued personal, vacation and/or sick time, at the beginning of my leave, so that my time off will be paid until all of my accrued time is exhausted. When and if my paid time off is exhausted, the balance of my leave will be unpaid in accordance with federal law. Additionally, I understand that in the event of medical leave of absence, I may need to submit a Fitness for Duty form which has been completed by a physician. Additionally, I understand that if I am able to, but do not return to work at my leave end date, which is indicated above, I am responsible for reimbursing the Harrisburg School District for payment for health insurance which was made during my leave of absence. Furthermore, I understand that failure to return to work on the leave end date indicated above and misrepresentation of the facts on this form will jeopardize my employment status with the Harrisburg School District.

HR OFFICE USE ONLY

Received by: _____ Date: _____

Is the employee a full-time employee? Yes No Number of hours employee worked in applicable rolling 12 month period: _____

Number of hours worked per day: _____ Date sent to payroll: _____

- FMLA
- Intermittent FMLA
- Sabbatical
- Military
- Union Medical Leave
- Personal Leave