

HAZEL CREST SCHOOL DISTRICT 152 ½

Request for Leave of Absence

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

School/Dept: \_\_\_\_\_ Position: \_\_\_\_\_

Instructions

- 1. Complete form.
2. Obtain principal/supervisor signature.
3. For FMLA leave request (take the appropriate Medical Certification Form to your health care provider for completion and attach to form). You must furnish certification within fifteen (15) days from the date of notification. Certification requirements do not apply to leaves for the birth, adoption, or foster placement of a child.
4. Send all completed forms to: Human Resources.

I REQUEST A LEAVE OF ABSENCE FOR:

- Personal Funeral Jury Duty Emergency Military Service

Reason

\_\_\_\_\_
\_\_\_\_\_

A substitute Will be needed Will not be needed

Beginning date or anticipated start of leave: \_\_\_\_\_

Ending date or expected end of leave: \_\_\_\_\_

I REQUEST FAMILY MEDICAL LEAVE (FMLA) for:

For the birth, or the placement of a child for adoption or foster care

I want to use my accrued paid leave days before my 12 weeks of FMLA begins. I have sick days, personal, vacation days.

To care for an immediate family member (spouse, child, or parent) with a serious health condition

To take care of my personal serious health condition

Beginning date or anticipated start of leave: \_\_\_\_\_

Ending date or expected end of leave: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I have reviewed the above request and recommend it be: Approved Not Approved

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference: Board Policies 5:250; 5:185; 5:330

Revised 11/07

Please read instructions of reverse side of Form

### Instructions for Personal Leave

- 1) Personal leave forms are to be completed and given to the building Principal or Supervisor at least **THREE (3)** days prior to the day the employee requests to be absent.
- 2) The Principal or Supervisor will approve or disapprove leave request. If approved, all copies of this form are to be sent to the Superintendent (certificated and support persons).
- 3) The Superintendent will approve or disapprove and return two copies to the immediate supervisor.
- 4) The immediate supervisor will return one copy to the applicant and keep one for filing.
- 5) Each certified and support person may take three personal leave days per year which will be deducted from accumulated sick leave. Such days may **not** be taken on successive work days.
6. Personal leave may **not** be taken the first or last week of the school year.
7. Personal leave may **not** be taken before or after a school holiday.
- 8) No reason need be given for personal leave days. If an employee wishes to discuss the reason with the immediate supervisor or Superintendent, he/she may do so.
- 9) Personal leave days may be denied if:
  - a) The employee has no sick leave days;
  - b) Too many employees from one building would be absent;
  - c) Too many employees from the District would be absent;
  - d) It would be more appropriate and/or advantageous to take Emergency Leave or

3 copies:           White – Human Resources Office  
                          Yellow – Building file (Principal/Supervisor)  
                          Pink - Employee