

## REQUEST FOR CRITICAL FAMILY ILLNESS LEAVE

Licensed  
DP324 NEG

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Home Phone Number \_\_\_\_\_ School/Place of Work \_\_\_\_\_

Assignment \_\_\_\_\_ Year-round School? Yes  No

Track assignment (if year-round) \_\_\_\_\_

Continuous Service Date (date of last hire) \_\_\_\_\_ Total years with Jordan \_\_\_\_\_

I am requesting Critical Family Illness Leave to provide care for: \_\_\_\_\_  
Relationship to Employee

Reason for request:

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

Date leave will begin: \_\_\_\_\_ Date leave will end: \_\_\_\_\_

Number of days requested: \_\_\_\_\_

**Request for Critical Family Illness Leave must be verified by a statement bearing an original signature from the doctor.**

Use of sick leave for critical family illness.

A maximum of twelve (12) days of sick leave may be used each year to care for a critically ill member of the immediate family or critically ill person residing on a permanent basis in the employee's home.

- a. Immediate family shall include mother, father, son, daughter, husband, or wife.
- b. Use of sick leave for critical family illness must be authorized by the Sick Leave Bank Review Committee.
- c. Employees may not access critical family illness benefits until two (2) accrued personal leave days (up to, but not to exceed 5 personal leave days) and all family leave days are used.
- d. In cases of extended critical illness, employees may apply for additional days beyond the 12-day allowance. If circumstances warrant it, the Sick Leave Bank Review Committee may authorize additional days equal to the number of unused family leave days available at the beginning of the critical illness (a maximum of 3). In addition, an employee may apply for One (1) additional day to be granted for each year of service in the District up to a maximum of twelve (12) days. If granted, the cost of a long-term sub will be deducted for each addition day.

I have read and understand the information about the Critical Family Illness Leave DP324 NEG.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_