

Wasatch County School District

101 E 200 N • Heber City • UT • 84032 • 435-654-0280

LEAVE OF ABSENCE REQUEST FORM

PLEASE COMPLETE THIS FORM AND HAVE YOUR SUPERVISOR SIGN IT. SUBMIT THE SIGNED FORM, ALONG WITH SUPPORTING DOCUMENTATION, TO HR DIRECTOR AT LEAST 30 DAYS PRIOR TO REQUESTED LEAVE START DATE

Wasatch County School District Policy:

FAMILY AND MEDICAL LEAVE ACT: Employees who have worked for the district for at least twelve (12) months and at least one thousand two hundred fifty (1,250) hours during the prior twelve (12) months may take up to twelve (12) weeks of unpaid leave during any twelve (12) month period for any of the following reasons: Birth and/or care of a child of the employee, placement of a child into the employee's family by adoption or by a foster care arrangement, to care for the employee's spouse, child or parent (but not a parent "in-law") who has a serious health condition. (The phrase "care for" a family member should be interpreted to include psychological or physical or medical care), and an employee is temporarily unable to perform the functions of the position because of the employee's own serious health condition, Any qualifying exigency (as determined by the United States Secretary of Labor) arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces.

Accrued personal leave and/or sick leave. Employees are required to utilize all accrued personal leave and/or sick leave during the twelve (12) weeks of unpaid leave. The combined total leave during any twelve (12) months shall not exceed twelve (12) weeks, or twenty-six (26) workweeks of leave during a twelve (12) month period to care for a spouse, son, daughter, parent, or next of kin who is a Covered Service Member, regardless of whether the employee utilizes any personal leave and/or sick leave during that time.

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial):		Employee ID:	Employee Location:	
Home Address:		City:	State:	Zip:
Job Title:		Employment Status:		
Requested Leave of Absence Start Date:		Anticipated Leave of Absence Return Date:		*Anticipated # of Days:

TYPE OF LEAVE	REASON(S) FOR LEAVE	
<input type="checkbox"/> Paid Leave of Absence	<input type="checkbox"/> Personal Serious Health Condition (Unrelated to Work)	<input type="checkbox"/> Pregnancy Leave
<input type="checkbox"/> Unpaid Leave of Absence		<input type="checkbox"/> Birth/Adoption/Fostering of Child
<input type="checkbox"/> Other (Please describe: i.e., intermittent, sick bank pd, extended, etc.)	<input type="checkbox"/> Personal Leave (Non-Medical Reason)	<input type="checkbox"/> Military Leave
	<input type="checkbox"/> Care for Family Member	<input type="checkbox"/> Other
	<input type="checkbox"/> Workplace Injury/Worker's Comp.	

REQUIRED DOCUMENTATION

<input type="checkbox"/> Intermittent or reduced work schedule	<input type="checkbox"/> A copy of birth certificate/child placement documents
<input type="checkbox"/> Medical certification/documentation	<input type="checkbox"/> Other support documents

LEAVE OF ABSENCE RESOURCES

Resource Type	No. of Days/Hours	Comments
*Anticipated FMLA/Leave Days		
Vacation/Paid Time Off		
Personal Leave		
Sick Leave		
Other		
Total UNPAID Leave		

APPROVAL AND SIGNATURES

Employee Name:	Signature:	Date:
Supervisor Name:	Signature:	Date:
HR Director Name:	Signature:	Date:

OFFICE USE ONLY : Approved FMLA Approved Leave (not FMLA) Leave Not Approved

Copies to: Employee Employee File Supervisor Payroll Other _____