



Please follow the instructions below for completing the Leave of Absence Request Form. If you have any additional questions, please call the Employment and Benefits office at 854-4080.

**Section I: Employee Information**

- Please read the Master Contract or Classified Handbook for leave eligibility requirements.
- Place a check mark in the box indicating whether you are a Certified or Classified Employee.
- Write in your full name and your position.
- Write in your employee ID #.
- Write in the School/Site/or Location you work at.
- Check the boxes for the days you are scheduled to work.
- Write in the time that you are scheduled to report to work and also the time you are scheduled to leave work.

**Section II: Type of Leave Requested**

- Place a check mark in the appropriate box related to the type of leave you are going to be on. If you check the "Other" box please write in the type of leave.
- If you are going to be on a Non-Paid Leave of Absence only and are not taking any Paid Leave, place a check mark in that box and skip to Section IV.
- If your leave qualifies under the Family and Medical Leave Act of 1993, make sure to complete the FMLA paperwork and submit it to the Employment and Benefits Department.

**Section III: Paid Leave of Absence Request**

- Place a check mark in the box indicating what type(s) of Paid Leave you are requesting.
- Write the reason for the leave request.
- Once approved, make sure you record your leave in the SubFinder system. It is the employee's responsibility to record their leave in SubFinder.
- For information regarding sick bank leave and chargeable leave eligibility requirements, please read the Master Contract or Classified Handbook, whichever pertains to you.
- Write the date your anticipated Paid Leave begins and the date your anticipated Paid Leave Ends.
- Check the boxes for the days of the week you anticipate being gone.
- Write the times you anticipate being gone for each of those days.

**Section IV: Non-Paid Leave of Absence Request**

- Idaho State Code requires the Boise School District to advance its employees' Sick Leave at the beginning of each school year. However, Sick Leave is earned at the rate of one day per month worked. Therefore, if you will be on Non-Paid Leave, we are required to adjust your Sick Leave balance by one day for each month you are off on non-paid leave.
- Write the reason for your Non-paid Leave of Absence Request.
- Write the date your anticipated Non-Paid Leave begins and the date your anticipated Non-Paid Leave Ends.
- Check the boxes for the days of the week you anticipate being gone.
- Write the times you anticipate being gone for each of those days.
- It is the employee's responsibility to enter any leave into the SubFinder System. If you are approved for a Non-Paid Leave of Absence, please enter it as such into SubFinder.

**Section V: Employee Acknowledgement**

- Read the Employee Acknowledgement and sign and date the acknowledgement.
- Give the Leave of Absence Request Form to your supervisor for recommendation.

**Section VI: Recommended By:**

- The Direct Supervisor enters his/her name. Signs the form. Writes in the date.
- Place a check mark in the approved or disapproved box depending on the approval status.
- Write in a reason for your disapproval of the leave request, if applicable.
- Make a copy for your records and forward the Leave of Absence Request Form to Employment and Benefits, attn: Benefits Analyst.



The Independent School District of Boise City

Leave of Absence Request Form

Instructions to Applicant: This form is to be completed by employees requesting a leave of absence. Please submit this form to your principal or site administrator, who will forward the completed form according to the routing sequence at the bottom of the last page.

Section I: Employee Information:

Certified Classified Name: Employee ID #: School/Site/Location: Home Address: Phone: Email: Please check the days of the week that you regularly work and list the times you are required to be at work below. Daily Work Schedule: M T W TH F Begin Time: End Time:

Section II: Reason Leave Requested:

- Birth of a child; newborn care (within 12 months of the birth of the child)
Serious health condition that makes you unable to perform the essential functions of your job
Placement of a child with you for adoption or foster care
Serious health condition affects your: Spouse Child Parent for whom you are needed to provide care.
Sick leave bank (If requesting sick leave bank, you will need to complete the Sick Leave Bank Application. See the Master Contract or Classified Handbook for details on how to apply for Sick Leave Bank.)
Other (Personal, Educational, Jury Duty, e.g.)
Non-Paid Leave of Absence Only - Go to Section IV

Note: Some of the categories above are qualifying events under the Family and Medical Leave Act (FMLA) of 1993. If your leave request qualifies for FMLA, you must complete and submit the FMLA paper work to the Employment and Benefits Department. If you are unsure if your type of leave qualifies under the FMLA, please contact the benefits department at 854-4080. The FMLA packet is available online at: http://www.boiseschools.org/benefits/forms/fmla\_packet.pdf

Section III: Paid Leave of Absence Request

If you do not have enough Paid Leave time to cover the duration of your Leave of Absence, in addition to Section III, please complete Section IV on the back of this form.

Please choose the type of Paid Leave you are requesting.

- Sick Leave
Personal Leave
Vacation
Sick Bank Grant (Application in process)
Other

(It is the employee's responsibility to enter their leave into the SubFinder system. Please make sure you enter your leave into SubFinder. If applying for a Sick Leave Bank Grant, enter your leave into SubFinder for those days as chargeable leave.)

Reason leave requested:

We want to make sure we have accurate information regarding your Paid Leave request. Below, please list the dates you anticipate being on Paid Leave, the days of the week you anticipate being out during those dates, and the times for each day you anticipate being out on Paid Leave.

Paid Leave Begins: MONTH/DAY/YEAR Paid Leave Ends: MONTH/DAY/YEAR Days of week you plan to be on Paid Leave: M T W TH F Begin time: End Time:



**Section IV: Non-Paid Leave of Absence Request**

**Note to Applicant:** Idaho State Code requires the Boise School District to advance its employees Sick Leave at the beginning of each school year. However, Sick Leave is earned at the rate of one day per month worked. Therefore, if you will be on Non-Paid Leave, we are required to adjust your Sick Leave balance by one day for each month you are on non-paid leave. When calculating your leave time, please review your leave balance in SubFinder (<http://matrix.boiseschools.org/webconnect/login/login.asp>).

Reason Non-paid Leave of Absence Requested: \_\_\_\_\_

We want to make sure we have accurate information regarding your Non-Paid Leave request. Below, please list the dates you anticipate being on a Non-Paid Leave of Absence, the days of the week you anticipate being out during those dates, and the times for each day you anticipate being out on a Non-Paid Leave of Absence.

(It is the employee's responsibility to enter any leave into the SubFinder System. If you are taking a Non-Paid Leave of Absence, please enter it as such into SubFinder.)

Non-Paid Leave Begins: \_\_\_\_\_ Non-Paid Leave Ends: \_\_\_\_\_ Days of week you plan to be on Non-Paid Leave:  
MONTH/DAY/YEAR MONTH/DAY/YEAR M  T  W  TH  F   
Begin time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Section V: Employee Acknowledgement**

I acknowledge that I have completely and accurately completed this form to the best of my ability. I also acknowledge that I have read the Master Contract or Classified Handbook, whichever is applicable, and understand the Boise School District's Leave Policies. I understand that it is my responsibility, to enter my leave into the SubFinder system. In addition, I understand that it is my responsibility to notify my supervisor and the district Employment and Benefits office of any changes to this leave request.

If the leave of absence is for a medical condition, the employee must provide medical recertification every 30 days, or if the condition of the employee and/or family member has changed from the original medical statement. Please refer to the Master Contract or the Classified Employee Handbook for definitions of family members.

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

Section VI: Recommended By:				
Site Supervisor: Name/Title	Signature	Date	Approved	Disapproved*
			<input type="checkbox"/>	<input type="checkbox"/>
Area Director	Signature	Date	Approved	Disapproved*
			<input type="checkbox"/>	<input type="checkbox"/>

\*Reason disapproved: \_\_\_\_\_

If leave is recommended by the site supervisor, the request is forwarded to the Benefits Analyst in Employment & Benefits: Fax # 208-854-4010 Date Faxed: \_\_\_\_\_