

## Employee Leave Application

(for absences of 3 or more consecutive days or for intermittent leave for same reason)

Employee Name:	Today's Date:
Bargaining Group:	School/Building:
Position Title:	Home Telephone Number:
Starting Date of Leave:	Expected Return Date:

Select from Paid or Unpaid Leave of Absence:

### **Paid Leave of Absence** (refer to paystub for accumulated absence balance):

*Note: A physician's certification will be required for all paid leaves listed below*

- Illness/Injury – Self
- Illness/Injury – Family Member
  - Relationship to employee: \_\_\_\_\_
- Birth of Child / Adopting Child
  - Due Date / Adoption Date: \_\_\_\_\_
- Next of kin to servicemember with serious injury/illness

Employees on a paid leave of absence must request to borrow from the absence day reserve plan or request an unpaid leave of absence prior to the exhaustion of their accumulated absence days.

- I request to borrow up to \_\_\_\_\_ days from the absence day reserve plan. I understand that I am required to pay borrowed days back per my contract.
- I request an unpaid leave of absence for the following the exhaustion of my accumulated absence days.

### **Unpaid Leave of Absence (Refer to contract for more information):**

- Extended Personal Illness, injury, disability; *A physician's certification will be required for this leave*
- Childbearing and Child Care
- Military Service
- Serve as officer of union or campaign/serve in a public elected office
- Other: \_\_\_\_\_

**Will this leave require a substitute?**      No      Yes (Name of Requested Sub: \_\_\_\_\_)

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