



# LEAVE OF ABSENCE REQUEST

## SECTION I – TO BE COMPLETED BY THE EMPLOYEE

LAST NAME, FIRST NAME	CELL PHONE NUMBER	BLDG/DEPT	TITLE*
Initial Application	<b>Reason for Leave of Absence</b>		
Change to LOA beginning:	Own Injury/Illness (not work-related)	Work-Incurred Injury/Illness	Other (specify):
New requested start date:	Care for Injured/III family member	Military Caregiver Leave	
New requested return date:	Care for Newborn/Placed Child	Qualifying Exigency Leave	
	Bereavement	Sabbatical	
	Jury Duty (attach summons)	Military	
Requested intermittent or reduced work schedule:			
*If you are a teacher who requires a substitute, have you identified a substitute that might fill your position during your absence? NO YES, who:			
EMPLOYEE SIGNATURE		DATE SIGNED	

## SECTION II – TO BE COMPLETED BY HUMAN RESOURCES

**APPROVAL/DENIAL OF LEAVE REQUEST**

	(MM/DD/YYYY)	(MM/DD/YYYY)
Your request for leave is approved and _____ days _____ hours qualify as leave under FMLA	Begins on _____ and ends on _____	Begins on _____ and ends on _____
_____ days _____ hours qualify as GAP Leave	Begins on _____ and ends on _____	
_____ days _____ hours qualify as Military Leave	Begins on _____ and ends on _____	
_____ days _____ hours qualify as Sabbatical Leave	Begins on _____ and ends on _____	

Your request for Leave has been denied as set forth below or in the attached document:

**PAY STATUS DURING LEAVE**

	(MM/DD/YYYY)	(MM/DD/YYYY)
Sick Leave _____ hours to be applied	Begins on _____ and ends on _____	
Extended Sick Leave _____ hours to be applied	Begins on _____ and ends on _____	
Vacation _____ hours to be applied	Begins on _____ and ends on _____	
Leave without pay _____ hours to be applied	Begins on _____ and ends on _____	

## SECTION III – HUMAN RESOURCES SIGNATURES

Processed by:	Date Received:
Approved by:	Date Approved: