



The purpose of this list is to ensure that all employees have completed all steps when requesting FMLA.

The following steps should be followed when preparing for your leave:

- FMLA forms ( Leave of Absence Request Form and Certification of Health Provider) MUST be completed and returned to the Human Resources Department within 30 days before the scheduled leave (Unless an emergency).
- If the leave request is regarding maternity leave, then you must make an appointment with Human Resources.
- During this meeting, district policy will be explained. Please also note you will be paid according to the number of available compensable days you have in the system (**Please refer to the district match days policy outlined in the Articles of Agreement**).
- Notify your administrator that you are seeking leave covered under FMLA through Human Resources (**Please note you do not need to disclose the reason for the leave**).
- If your position requires a substitute, you will need to speak with Candice Wayne directly. It will be your responsibility to contact HR to record your FMLA days .
- You will need to schedule a meeting with Jennifer Mullen in payroll regarding pay while you are on leave at 314-290-4034 or [jmullen@ucityschools.org](mailto:jmullen@ucityschools.org).
- Once FMLA has been approved, you will receive a copy of the approval. Approval will be sent to your Administrator as well as the Payroll Department.
- Please be sure to familiarize yourself with the Articles of Agreement and Board policy regarding leave matters.
- Please contact Cigna regarding any additional insurance policies you have at 1-800-997-1654.
- Before you may return to work, you must provide documentation from the doctor stating that you are cleared to resume work without any restrictions. If there are restrictions, please contact Human Resources 314-290-4021.

**\*I acknowledge I have received this checklist and will complete the requirements pertaining to to my FMLA leave. \***

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_



# 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: