

## **Leave of Absence Request Form**

If an employee is going to request a leave of absence for more than two days, there is action and approvals that need to take place. Please complete this request form by selecting the leave type that makes the most sense for your situation, and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical). Please submit a complete and signed copy to Human Resources for further action and review.

Name:					
Position:					
Location:					
Hours Per Day:	Requesting Full or			If Partial leave, how	
		Partial Leave?		many hours per day are you requesting?	
Supervisor:		,		, ,	
Preferred Contact					
Method:					
		Leave	Information		
If your need for leave involves illness, please pick the most relevant reason from the drop down menu to the right:					
If your need for leave does not involve illness, please pick the most relevant reason from the drop down menu to the right:					
Leave Duration:	From:		То:		Anticipated Return to Work Date:
Leave Type to Use (Please list in Order):	1st Choice:		2nd Choice:		
	3rd Choice: Notes:		4th Choice:		
			T		
Do You Intend to Apply for Paid Family Medical Leave through the Employment Security Department? Click this link to learn more.	Yes:	]	No: 🔲		
If Requesting Emergency or Unpaid Leave, please disclose the general purpose for the leave:					T
Employee Signature:					Date:
Supervisor Signature:					Date:
Superintendent's Review:	Approved:		Not Approved: Rationale if Not Approved:		
Superintendent Signature:					Date:
Board Approval	Date of		Lagua	☐ Approved	
Information, if necessary:	Board		Leave Determination:	☐ Not Approved	
ormation, ir necessal y.	Meeting:				