



Leave of Absence Request Form

If an employee is going to request a leave of absence for more than two days for unpaid leaves and three days for other leave types, there is action and approvals that need to take place. Please complete this leave of absence request form by filling out the leave information as it applies to your situation. Once you and your supervisor have signed this form, please submit it to Human Resources for review and further action as needed. Please submit leave requests at least 30 days prior to start of anticipated leave. If leave is unexpected, please submit the form as soon as practical. **You do not need to fill this out if it's for personal or vacation leave.**

Name:					
Position:					
Location:					
Hours Per Day:		Requesting Full or Partial Leave?		If Partial Leave, Hours of Leave Per Day you are 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:		To:		
Leave types to use (please list the order in which you'd like your leave to be applied to your time away).	1st Choice:		2nd Choice:		
	3rd Choice:		4th Choice:		
	Notes:				
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: Please review the CBA procedures regarding Emergency and Unpaid leave by clicking the links below: SJEA: Emergency Leave-Article XIV, Section 14.1B Unpaid leave-Article XIV, Section 14.7 PSE: Emergency Leave- Article VII Section 7.1.2 Unpaid Leave-Article VII Section 7.7.1					
Approvals					
Employee Signature:					Date:
Supervisor Signature:					Date:
Superintendent's Review:	Approved:		Not Approved:		
			Rationale if not approved:		
Superintendent Signature:					Date:
Board Approval Information, if necessary:	Date of Board Meeting:		Leave Determination:	Approved:	Not Approved: