



## LONG TERM LEAVE REQUEST FORM

Long Term Leave Request must be completed by the employee before leave begins and must be approved by the Superintendent and School Board.

Contact the Benefits Department regarding requests under the Family Medical Leave Act.

If employee is unavailable, the Supervisor must complete the form, check the box below the employee signature line to indicate employee was unavailable and send copy to HR for placement on Board Agenda. When employee returns from leave, the Supervisor must obtain employee's signature and send the original to Human Resources.

Site must also prepare a Personnel Action Form (PAF) to submit to Human Resources.

Date: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Site: \_\_\_\_\_

Dates of Request:

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Number of Work Days Absent: \_\_\_\_\_

Leave Type: (check one)

- Personal Leave Without Pay
- Administrative Leave Without Pay
- Family Medical Leave - Unpaid
- Military Leave

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

Employee Unavailable Check Here:

Supervisor Signature: \_\_\_\_\_

TO BE COMPLETED BY HUMAN RESOURCES:

Date of Board Approval: _____	
_____ Date	_____ HR Representative