

**Leave Request Form**

Date: \_\_\_\_\_

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

Employee Home Phone: \_\_\_\_\_ Employee Cell Phone: \_\_\_\_\_

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

Supervisor/Principal Name: \_\_\_\_\_

My leave will begin on \_\_\_\_\_ and I plan to be out through \_\_\_\_\_.  
Start Date Last day of leave

I would like to request a leave of absence for the following reason:

- Health and Hardship/FMLA (Family and Medical Leave Act)
  - Serious medical condition for myself
  - Provide care for a serious health condition for my spouse, child, or parent
  - Birth, adoption, or placement for foster care
  - Other (please list purpose for this leave) \_\_\_\_\_

\_\_\_\_\_  
 Study/Travel – list the exact purpose for this leave \_\_\_\_\_

\_\_\_\_\_  
 Military Leave – a copy of your orders is required

\_\_\_\_\_  
 Political - list the exact purpose for this leave \_\_\_\_\_

\_\_\_\_\_

- I wish to use the following paid time (based on the type of leave and leave policy):
- sick leave may only be used if the leave is for health issues or bereavement
  - If approved for FMLA, you will be required to use all available paid leave
  - If you are approved for short-term disability, your paid leave will stop once short-term disability benefits begin

- No paid leave time
- All available paid leave time
  - Only my Sick Leave
  - Only my Personal Leave
  - Only my Vacation time

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

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Administrator approval required for Study/Travel Leave, Political Leave & Hardship Leave

Approved by: \_\_\_\_\_ Name/Title: \_\_\_\_\_  
Supervisor/Principal

Date Approved: \_\_\_\_\_