



EXTENDED LEAVE REQUEST FORM

Complete if you have advanced knowledge of a potential need for extended leave (>3 days). Return the completed form securely to the Benefits Coordinator, the situation will be reviewed and you will be advised.

Employee's Printed Name: _____

Employee's School: _____ Employee's Position: _____

I request a leave of absence from _____ (date) to _____ (date)* for the following reason:

- For the birth of my child and/or to care for the newborn child.
- For placement of a child with me for adoption or foster care.
- To care for my (circle one): *spouse* *child* *parent* with a serious health condition.

Name: _____ Relationship: _____

- My own serious health condition.
- For another reason. (Please specify): _____

**We understand that in some cases these dates may be tentative. Use the space below for more complex time frames.*

I request intermittent or reduced-schedule leave at the following times:

Schedule: _____

Reason: _____

Substitution of Paid Leave

I request to use the following accrued leave pursuant to applicable guidelines (check all that apply):

- Vacation
- Sick
- Personal
- Other: _____

Other comments/directives: _____

If available, paid time runs concurrent with legally mandated leaves and are available according to their use in the normal course of employment/or according to statute, whichever is more lenient .

Signature

I understand that this is merely a request and not a guarantee of benefits. Completing this request does not necessarily replace the normal course of action an employee is expected to follow in order to properly report leaves of absence to the schools attendance clerk.

Employee Signature

Date

- You may attach Medical Providers Documentation if you have it.
- Once this request is received the Benefits Coordinator will contact you with further direction.
- If you will have an alternative address during your leave, please inform the benefits coordinator.