**Instructions:** *This form is to be completed by an employee in the event that they do not qualify or have exhausted Family Medical Leave of Absence, once completed the form should be forwarded to their building Principal and then to the Human Resource Director for Approval. Copies will be supplied to the Human Resources/Payroll Department for processing. Once all approvals have been completed you will be notified.*

Employee Name:

Start Date of Leave:       Return to Work Date:

Reason Requesting Leave of Absence: [ ]  Personal Leave [ ]  \*Medical Leave [ ] Educational Leave

Please designate the time off accruals you wish to use during your personal leave, please note that all paid time off is required to be used prior to taking unpaid time off. **All personal leaves exceeding 30 days must be board approved.**

      Sick Leave       Personal Days  Vacation Days       Unpaid Days

*I the undersigned am requesting a Personal Leave of Absence. I understand that I do not qualify or my situation does not qualify me for a Family Medical Leave and that due to this, I am not guaranteed approval for my Leave of Absence. I also understand the approval of my Personal Leave of Absence does not constitute as a guarantee of my return to my current position at the conclusion of my leave. If my Leave of Absence exceeds 30 days I understand I will be personally responsible for employee and employer cost of benefits.*

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Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Principal/Supervisor Director of Human Resources

*\*If you are taking a medical leave you will be required to provide a doctor’s note for any leave exceeding five days. If you are out for a medical leave you will be required to provide a return to work form signed by your physician prior to being able to return.*