

## Leave of Absence Form

I would like to request the following type of leave of absence (LOA):

\_\_\_\_\_ \*Family Medical Leave of Absence (FMLA)  
(Up to 12 weeks. Excludes 1<sup>st</sup> year employees)

I understand that I have to use all of my sick days before my FMLA will begin. The Board will continue to pay the allocation for my insurance. I will be responsible to pay my part of any PEEHIP insurance that I currently have as well as any other insurance premiums.

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\_\_\_\_\_ Leave of Absence (with approval of Superintendent)  
\_\_\_\_\_ Maternity Leave of Absence  
\_\_\_\_\_ \*Medical Leave of Absence  
\_\_\_\_\_ Military Leave of Absence

I understand that the above leaves are taken **without pay**, sick days **do not have to be used** and if I want to keep my insurances I will be responsible for paying the **entire premium(s)**.

FYI: You will continue to receive a paycheck as long as you use sick days.

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\*Physician certification for medical leave must be provided. (Maternity cases exempt)

I will begin my leave on \_\_\_\_\_, \_\_\_\_\_ *or*  
approximately on \_\_\_\_\_, \_\_\_\_\_.

I plan to return to work on \_\_\_\_\_, \_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**If you have any questions concerning a leave option, contact Tena Wright at 549-2948.**

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
School

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

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**(1) copy to *Superintendents office***

**(1) copy to *Tena Wright (Central Office Insurance Clerk)***