

Request for Leave of Absence

Pelham School District

Request form may be used by any employee for a leave greater than 4 days.

I, _____, request to take a leave of absence from my
(Print Employee's Name)

position as _____ at the _____ of the Pelham
(Employee's Title) (Employee's School)

School District. This leave is for the purpose of: _____

I expect my first day out of work to be _____ and I expect to return to
(Date)
work on _____.
(Date)

Please check as appropriate:

These dates are dependent on a medical condition and may change. YES NO

These dates will not change except under unforeseen circumstances. YES NO

Employee's Signature

Date Submitted

Supervisor's Signature

Date Notified

(The employee obtains the supervisor signature for notification purposes, but when off-site, employee can notify by email or phone. Employee will forward the form to HR for leave processing once notification is made. The request will be reviewed by the Superintendent for consideration of approval. Please see the FMLA posted notices and District FMLA policy for more information regarding Family and Medical Leaves of Absence.)

Superintendent's Signature

Date Approved

For office Use only:

HR Receipt Date: _____

FMLA Eligible? YES NO

(Employed at least 1 year, worked more than 1250 in previous 12 months)

Eligibility Notice: _____ Designation Notice: _____ Reply: _____

LOA Approval Notice Sent? _____ Sick Bank Eligible? YES/NO Approved Days: _____ Notice: _____

FOR MEDICAL LEAVE: Doctor Note Received? YES NO

LTD Eligible: YES/ NO Packet _____

Payroll:

Currently Available Accruals: _____ Estimate period of leave: _____ Est. unpaid period: _____