

Lake Forest School District

REQUEST FOR ALL UNPAID LEAVE & EXTENDED LEAVE OF ABSENCE OF 3 DAYS OR MORE

Please Complete Form and Return Original to: Supervisor (Supervisor will forward to CBO)

First Name: _____ Middle: _____ Last: _____

Position: _____ Location: _____ Phone: _____

TYPE OF WORK ABSENCE:

- ☐ Leave of Absence (Birth or Adoption of Child)
- ☐ Leave of Absence (Medical)
- ☐ Leave of Absence (Military)
- ☐ Leave of Absence (Personal)
- ☐ Revised Dates of Originally Approved Leave of Absence
- ☐ Extension of Originally Approved Leave of Absence (Personal/Medical)
- ☐ Extension of Originally Approved Leave of Absence (Military)

REASON FOR REQUESTING ABSENCE:

DATE OF FIRST DAY OF ABSENCE: _____

DATE OF LAST DAY OF ABSENCE: _____

DATE RETURNING TO WORK: _____

NOTE: *If this is an FMLA leave, a maximum of 10 sick and/or vacation days may be retained IF available.*

If my absence meets this criterion, I would like to retain _____ sick days and/or _____ vacation days.

_____ Number of Personal days using

_____ Number of Sick days using _____ Number of UNPAID days requested

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

In addition to this form, all absences of a medical nature require a physician's note certifying a start and end date and medical justification for the absence. All unpaid leave of absence requests require Board action but may be initially authorized by administrative staff. The employee will be notified in writing of Board action.

- Please note that certain types of leave may affect an employee's benefits. Contact the Benefits Office at 302-284-3020 x 130 for clarification. For unpaid leave questions please contact 284-3020 ext 121.
- Refer to the Lake Forest Education Association Negotiated Agreement, Article 9 for additional information.

Supervisor Recommendation: _____ Support _____ Do Not Support - Comment Required

Supervisor Comment: _____

Supervisor Signature: _____ **Date:** _____

Human Resource Signature: _____ **Date:** _____