

**REQUEST FOR LEAVE OF ABSENCE**

EMPLOYEE NAME: \_\_\_\_\_ SSN OR EMPL#: \_\_\_\_\_

CURRENT ASSIGNMENT/SITE/HOURS: \_\_\_\_\_

- |                              |   |   |
|------------------------------|---|---|
| TYPE OF LEAVE<br>(check one) | INDUSTRIAL ACCIDENT & ILLNESS,<br>CBA 5.1/MS Rule 1203 <b>(Req. doctor's statement)</b>       | MATERNITY & PATERNITY w/o pay,<br>prior to delivery, CBA 5.7.3/MS Rule 1216<br><b>(Req. doctor's statement)</b> |
|                              | ILLNESS OR INJURY,<br>CBA 5.2/MS Rule 1206 <b>(Req. doctor's statement)</b>                   | STUDY, CBA 5.9/MS Rule 1212<br><b>(Req. Supervisor's Recommendation)</b>  |
|                              | PREGNANCY DISABILITY,<br>CBA 5.2/MS Rule 1206 <b>(Req. doctor's statement)</b>                | CHILD-REARING w/o pay, CBA 5.11   |
|                              | FAMILY ILLNESS,<br>CBA 5.2.9 <b>(Req. doctor's statement)</b>                                 | GENERAL LEAVE, CBA 5.12<br><b>(Req. Supervisor's Recommendation)</b>  |
|                              | ADDITIONAL LEAVE for ILLNESS or INJURY w/o pay,<br>CBA 5.3.3 <b>(Req. doctor's statement)</b> | MILITARY LEAVE, CBA 5.13  |
|                              |   | <b>OTHER (Req. Supervisor's Recommendation)</b>   |

REASON FOR REQUESTING LEAVE (Must be completed if non-medical) :

DATES OF REQUESTED LEAVE (not to exceed 6 mos; may renew request in 6 mo increments to maximum of 18 mos.)  
1<sup>st</sup> Date of Leave: \_\_\_\_\_ Last Date of Leave: \_\_\_\_\_ Date of Return: \_\_\_\_\_

NOTE: I understand that if I do not intend to return on the specified date, I am expected to submit either a request for an extension of my leave of absence or a letter of resignation prior to my expected date of return. Failure to report for duty within 5 working days after a leave has expired or has been canceled may be considered abandonment of the position and the employee may be terminated by the Board of Education (reference Merit System 1101 D) and placed on the 39-month re-employment list.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Principal/Supervisor's Comments \_\_\_\_\_

Recommended  Not Recommended

\_\_\_\_\_  
Signature Principal/Supervisor Date

Director's Comments \_\_\_\_\_

\_\_\_\_\_  
Approved  Not Approved  With Pay  Without Pay

\_\_\_\_\_  
Signature of Director-Classified Human Resources Date