



EMPLOYEE ABSENCE/LEAVE REQUEST FORM

SEND COMPLETED FORM TO THE ATTENTION OF THE HUMAN RESOURCES DEPARTMENT

Employee Name: _____

PLEASE PRINT CLEARLY

School: _____ Grade/Subject: _____

Type of Leave Requested (*Please check the appropriate box*):

- Child Rearing Leave (CRL)
- Family Illness Leave
- Family Medical Leave Act (FMLA)
- Military Leave
- Reserve Training Leave
- Short-Term General Leave
- Workers Compensation/Occupational Disease Act
- Illness Leave for Teachers
- Illness Leave for Support Staff/Custodians
- Exchange Teacher Leave
- Sabbatical Leave for Teachers
- Union Leave for Teachers
- IMRF/Medical/Disability Leave for Support Staff

Do you plan to use any Sick/Vacation/Personal Business days while on leave? Yes No

If "Yes," how many do you plan to use? (**PLEASE BE EXACT**): _____

Anticipated LAST working day: ____/____/____

Anticipated RETURN date: ____/____/____

Employee Signature: _____ Date: _____

BEFORE SIGNING THIS FORM, PLEASE REFER TO YOUR CONTRACT AND DISCUSS ALL AVAILABLE LEAVE TYPES WITH YOUR BUILDING REP TO ENSURE THAT YOU FULLY UNDERSTAND YOUR OPTIONS, INCLUDING THE DETAILS AND REQUIREMENTS OF EACH LEAVE

<p>For Office Use Only:</p> <p>Date letter received: ____/____/____</p> <p>Date Absence/Leave began: ____/____/____</p> <p>Date letter submitted to BoE: ____/____/____</p>
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- Assistant Superintendent's Office/Personnel File
- Insurance Department
- Payroll Department

- Building Principal
- Employee