



# LEAVE REQUEST COVER SHEET AND ACKNOWLEDGEMENT FORM

Employee's Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Location: \_\_\_\_\_

Office Manager Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Current Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_ Home/Cell# : \_\_\_\_\_

Start Date of Anticipated Leave: \_\_\_\_\_ Expected Date of Return to Work: \_\_\_\_\_

Reason for Leave(Brief Explanation): \_\_\_\_\_  
\_\_\_\_\_

**I have read and understand FMLA Board Policy 3430.01, which includes:**

- I will submit the appropriate medical documentation at least thirty (30) days prior to the start date of my leave or as soon as practicable (within two (2) business days of learning of the need for leave); and
- I will not work in any capacity, including employment outside the District, if I have been approved for FMLA leave for my own serious health condition; and
- If I am on unpaid FMLA leave (not including disability leave) I will be required to exhaust all other paid time off (vacation, sick days, personal days); and
- If I am on FMLA leave for my own serious health condition, I will submit a fitness-for-duty certification prior to returning to work.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES**

**Application Approved**

**FMLA:** Leave Date \_\_\_\_\_ to \_\_\_\_\_

**NON-FMLA:** Leave Date \_\_\_\_\_ to \_\_\_\_\_

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**

DOH: \_\_\_\_\_ CAL: \_\_\_\_\_ CAL Beg: \_\_\_\_\_ CAL End: \_\_\_\_\_

SLP: \_\_\_\_\_ DIS: \_\_\_\_\_ Return to Work: \_\_\_\_\_

___ Denied
Reason _____
_____
_____

Coding: _____
_____
Total # of Weeks Taken: _____