



Leave of Absence Request Form

Name _____ Work Site/Department _____

Request Start Date for Leave of Absence _____ Return to Work Date _____

Write a summary explaining the reason for the request of Leave of Absence:

Please list your contact information during your Leave of Absence:

Mailing Address: _____ State: _____ Zip: _____

Phone Number: _____ Mobile: _____ Email: _____

Check the Appropriate Boxes Below

Reason for Leave: ☐ Medical ☐ FMLA or Intermittent FMLA ☐ Personal ☐ Jury Duty ☐ Military ☐ Other

IMPORTANT!

ALL LOA's: An employee cannot work while on an approved leave of absence. The employee **MUST** notify HR as soon as possible if there are changes to the LOA and/or date of return.

FOR MEDICAL LOA: A doctor's release note and HR approval is required **PRIOR** to returning to work.

EMPLOYEES ELIGIBLE FOR HOLIDAY/BREAK PAY: Employees **DO NOT** receive holiday and/or break pay if there isn't sufficient time accrued to apply the day before and after a holiday/break.

Note: During the employee's Leave of Absence sick/personal and/or vacation day(s) will be deducted during the absence. The employee will be responsible for paying the monthly insurance premiums when the employee has reached unpaid status. This means the employee has used all their personal time and payroll deductions have stopped. The Human Resources Department will inform the employee of total amount owed. All money owed is payable by money order or cashier's check **ONLY** to the Laveen Elementary Insurance Trust, submitted to Human Resources and due **bi-weekly on paydays (please follow Payroll Schedule)** to continue your benefits. **Personal checks or cash will not be accepted.**

Submit the following documents to the Human Resources Department with this Leave of Absence request form:

1. Request to Receive Donation of Sick Leave/Annual Leave form (if applicable)
2. Medical documents supporting a medical Leave of Absence request (if applicable)
3. FMLA-Certification of Health Care Provider form (if applicable)

Employee's Signature & Acknowledgement _____

_____ Date

Official Use Only

Board Action Date: _____

Leave of Absence: ☐ Approved ☐ Denied

Notes:

Human Resources Signature: _____ **Date:** _____