



# PAYETTE SCHOOL DISTRICT EMPLOYEE LEAVE REQUEST FORM

- *Notify your director/administrator of all time off.*
- *Refer to the employee handbook and District policies for more information on the use of paid and unpaid leave.*
- *For questions regarding benefit status during your leave, contact the Human Resources at (208) 642 - 9366.*

Initial Request  Extension of Leave

<u>NAME (FIRST/LAST)</u>	<u>JOB TITLE</u>	<u>DATE OF REQUEST</u>
<u>PERSONAL PHONE</u>	<u>WORK PHONE</u>	<u>BUILDING/LOCATION</u>

*\*ALL FOLLOW UP CONVERSATION REGARDING THIS LEAVE WILL OCCUR THROUGH THE EMAIL NOTED ON THIS FORM UNLESS NOTED BY THE EMPLOYEE*

<u>HOME ADDRESS</u>	<u>EMAIL ADDRESS*</u>
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<b>I REQUEST THE FOLLOWING LEAVE OF ABSENCE:</b>	<b>LEAVE TYPE:</b>
<u>EXPECTED START DATE</u> <u>EXPECTED END DATE</u>	<u>CONTINUOUS</u> <input type="checkbox"/> <u>INTERMITTENT</u> <input type="checkbox"/>

**LEAVE REASON (CHECK ONE):**

*We will review the documentation and notify you whether or not you qualify for Family and Medical Leave Act (FMLA) job-protected leave. Please do not hesitate to contact Human Resources at 208-642-9366 if you have any questions.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <u>MEDICAL</u>          | Paid/or unpaid leaves of absence. If the absence is for more than 10 days for the same medical issue, you will be required to provide medical certification. Additional medication certification may be required every 30 calendar days/or at a status change. |   |
| <input type="checkbox"/> <u>BIRTH OF A CHILD</u> | Anticipated date of birth:   | (medical certification not required at this time)                     |
| <input type="checkbox"/> <u>ADOPTION</u>         | <input type="checkbox"/> <u>MILITARY *ATTACH ORDERS</u>  | <input type="checkbox"/> <u>FAMILY MEMBER (SPOUSE, PARENT, CHILD)</u> |
|  |  | <input type="checkbox"/> <u>OTHER: Specific reason for request</u>    |

**COMMENTS:**

**TIMELINES I UNDERSTAND**

- **Advance notice:** I will provide 30 days' advance notice. If not foreseeable, I will notify the District as soon as practicable.
- **Absence Notice:** I will verify all of my absences are documented correctly on timesheets and/or the district online system.
- **Medical Certification:** I understand that the District will require medical certification for leave due to a serious health condition and may require second/third opinions (at District expense) as well as a fitness-for-duty release to return, by the deadline provided by HR.
- **Insurance Premiums:** I must continue paying my share of health insurance premiums while on leave. I understand that coverage may lapse if payment is more than 30 days late, and the District will send a delinquency notice at least 15 days prior to coverage ending.
- **Intermittent/Reduced Leave:** Intermittent or reduced schedules are permitted when medically necessary due to a serious health condition or to care for a family member. For birth/adoption/foster placement, intermittent/reduced schedules require District approval. I may be reassigned to accommodate such schedules.
- **Instructional Employees (end-of-term rules):** If my leave begins near the end of a term, I understand that the District may, under certain conditions outlined in policy, require my leave to continue until the end of the term or transfer me to an alternate, but equivalent position to maintain instructional continuity.
- **Summer/Holiday Breaks:** Scheduled breaks (e.g., summer, winter) when I would not have been required to work do not count against my FMLA entitlement.

**I UNDERSTAND THAT FAILURE TO FOLLOW THESE PROCEDURES MAY RESULT IN THE DELAY OR DENIAL OF LEAVE APPROVAL.**

**EMPLOYEE SIGNATURE:**

**DATE:**

**APPROVAL FOR UNPAID LEAVE ONLY**

<u>PRINCIPAL/DIRECTOR</u>	<input type="checkbox"/> <i>DO NOT SUPPORT</i>	<input type="checkbox"/> <i>SUPPORT</i>
<u>SUPERINTENDENT</u>	<input type="checkbox"/> <i>DO NOT SUPPORT</i>	<input type="checkbox"/> <i>SUPPORT</i>

**HR OFFICE USE ONLY**

FMLA STATUS:                       *NOT ELIGIBLE*                       *ELIGIBLE*

LEAVE BALANCE AS OF: \_\_\_\_\_ *SICK* \_\_\_\_\_ *PERSONAL* \_\_\_\_\_ *VACATION* \_\_\_\_\_

NOTIFICATION DATES:    *EMPLOYEE* \_\_\_\_\_    *PAYROLL* \_\_\_\_\_    *SUPERVISOR* \_\_\_\_\_