



**EMPLOYEE LEAVE APPLICATION**  
(for absences of **3** or more consecutive days or for intermittent leave for same reason)

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Bargaining Group: \_\_\_\_\_  
(Please review your bargaining group contract for all leave requirements)

School/Building Location: \_\_\_\_\_ Position Title: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

**LEAVE INFORMATION** (All absences must be reported in AESOP, in eFinance, or via timesheet.)

**STARTING DATE OF LEAVE:** \_\_\_\_\_ **EXPECTED RETURN DATE:** \_\_\_\_\_  
(first day absent from work) (This date can be approximated if an exact date is unknown.)

**TYPE OF LEAVE REQUESTED:**

1. (A doctor's statement of your need for a leave is required – please attach statement and return it with this form.)

2.  **Paid Leave** using the following:
- \_\_\_ sick (state number of days you want to use \_\_\_\_\_)
  - \_\_\_ vacation (state number of days you want to use \_\_\_\_\_)
  - \_\_\_ personal (this can only be used if FMLA is approved)
  - \_\_\_ short-term disability (only if available in your benefit package and/or a purchased option)<sup>1</sup>
  - \_\_\_ long-term disability (only if available in your benefit package)<sup>1</sup>

3.  **Unpaid<sup>1</sup> Leave** for the following reason (must submit written request)
- |                   |  |                |
|-------------------|--|----------------|
| ___ parental      | ___ educational  | ___ sabbatical |
| ___ extraordinary | ___ adoptive   | ___ military   |
| ___ general       | ___ other purposes (jury duty, witness, union, miscellaneous) <sup>2</sup> |                |

**For teachers only--will this leave require a substitute?**  No  
 Yes (Name of Sub requested \_\_\_\_\_)

Employee Signature<sup>3</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**

FMLA is approved thru \_\_\_\_\_  FMLA is not approved for this leave.  
Effective Date of FMLA: \_\_\_\_\_ FMLA verified by: \_\_\_\_\_

<sup>1</sup> Contact Human Resources immediately regarding use of short-term and long-term disability and unpaid leaves.  
<sup>2</sup> Copies of subpoenas and court verification are required. All fees must be remitted to the Lansing School District.  
<sup>3</sup> Supervisor may sign in employee's absence.