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 Red Rover 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)*[1]
   - ☐ long-term disability (*only if available in your benefit package*)[1]

3. ☐ Unpaid[1] Leave for the following reason (must submit written request)

☐ parental	☐ educational	☐ sabbatical
☐ extraordinary	☐ adoptive	☐ military
☐ general	☐ other purposes (jury duty, witness, union, miscellaneous)[2]	

For *teachers* only--will this leave require a substitute? ☐ No
☐ Yes (Name of Sub requested_____)

Employee Signature[3]:_____ 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: _____

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