

Intermediate Unit I Application for Leave Request

Employee Name _____

Job Title _____

Department _____ Date of Hire _____

(Employees covered under a bargaining unit agreement are encouraged to read their agreement prior to requesting a leave of absence)

I. Type of Leave Requested

When the need for leave of absence is foreseeable, employees should submit their request at least thirty (30) days before the leave is to begin. Where the reasons for leave are not foreseeable, employees must submit the leave request as soon as possible after learning of the need to request leave. Failure to apply in advance as requested may result in delay or denial of leave.

Check Where Applicable (May check more than one):

<input type="checkbox"/> Family and Medical Leave**	<input type="checkbox"/> Military
<input type="checkbox"/> Childrearing Leave** (Birth or Placement)	<input type="checkbox"/> Sabbatical (Medical** or Educational)
<input type="checkbox"/> Serious Health Condition**	<input type="checkbox"/> Extended Leave for Illness or Disability**
<input type="checkbox"/> Educational	
<input type="checkbox"/> Self	<input type="checkbox"/> Relative

**A Medical Certification must be submitted. - - Forms available in Human Resource Department.

II. Dates of Leave

Check Where Applicable:

Dates of Leave Requested: Beginning: _____ Expiration: _____
Unpaid Dates: _____ Paid Dates: _____

(Military and Sabbatical Leave)

Intermittent Leave or Reduced Work Schedule Due to Serious Health Condition
(Applicant is unable to schedule planned medical treatment to avoid requesting intermittent leave or leave on a reduced work schedule.)

Please see back....

Application for Leave of Absence Continued

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III. General

Employees on LOA must contact the Human Resource Office twice monthly to report their status and intention to return to work.

Employees who make fraudulent requests for leave may be denied restoration or disciplined, up to and including termination from employment.

Employee Signature

Date

Area of Employment

Name of Program Supervisor

Human Resource Signature

Date

Recommend _____

Do Not Recommend _____

Executive Director

Date

Board Decision:

Approved _____

Disapproved _____

Intermediate Unit I is an Equal Employment Opportunity Employer