REQUEST FOR LEAVE OF ABSENCE

Lakeland Central School District

Department of Human Resources

Employee Information:

Name:

School/Department: | Date:

Position Title (Check One):

☐ Certified (LFT) Subject/Grade: _____ ☐ Administrator (ALAC) ☐ Non-Represented Administrative

CSEA: ☐ Aide ☐ Clerical/Typist ☐ Custodial/Maintenance ☐ Bus Driver ☐ Food Services ☐ Monitor ☐ Other

Indicate Leave Type With Effective Dates

Type of Leave	Dates From	Dates To
☐ **Annual Vacation**		
☐ **Personal** ☐ **Compelling**		
☐ **Two-Hour Personal (CSEA)**		
☐ **Sick Leave**		
☐ **Conference Attendance**		
☐ **Leave Without Pay**		
☐ **Bereavement Leave**		
☐ **Sabbatical Leave**		
☐ **Teacher Leave Incentive**		
☐ **Jury Duty**		

REASON:

Family and Medical Leave:

If vacation leave, personal leave, sick leave or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please indicate the following:

I hereby invoke my entitlement to family and medical leave for:

☐ Birth/Adoption/Foster Care

☐ Serious health condition of spouse/child/parent

☐ Serious health condition of self

Contact your Human Resources Department to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required.

DATE OF RETURN:

This leave/absence request should be for the purpose(s) indicated above. Employees must comply with the Lakeland Central School District's procedures for requesting a leave/approved absence, and provide additional documentation, including medical certification, if required.
If you are an employee that is required to utilize an automated telephone or web-based call-in system to report an absence from work due to illness, this form should only be completed to request utilization of sick time for the purposes of an extended leave of absence (FMLA).

Employee Signature: | Date Signed:

Supervisor Signature: | Date Signed:

Authorizations:

Official Action on Request: ☐ APPROVED ☐ DISAPPROVED

Comments:

_____ _____ _____ _____

Director of Human Resources | Date | Superintendent of Schools *(when required)* | Date

FOR LEAVES OF ABSENCE REQUIRING BOE APPROVAL - SPECIFY PERSONNEL AGENDA DATE AND ACTION:

BOE PERSONNEL AGENDA DATE: _____ **BOE ACTION:** ☐ APPROVED ☐ DISAPPROVED

White Copy – HUMAN RESOURCES • Yellow Copy – SCHOOL/DEPT. • Pink Copy - EMPLOYEE