

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 17, 2012

REVISED:

335-AR-2. LEAVE OF ABSENCE REQUEST FORM

Copy to: Employee Employee's Medical File Other

LEAVE-OF-ABSENCE REQUEST FORM (Sick Leave/Family and Medical Leave)

Employee's Name: _____ Date: _____

Building: _____ Expected last day of work: _____

Anticipated date(s) of absence:

From: _____ To: _____

Anticipated date of return to work: _____

Reason(s) for leave: (Mark as many boxes as appropriate.)

- 1. Birth of Employee's Child (pregnancy leave)
- 2. Care of Employee's Child following Birth
- 3. Placement of Child for Adoption
- 4. Placement of Child for Foster Care
- 5. Care of Family Member with Serious Health Condition
Specify Family Member
 spouse son daughter or parent
- 6. Employee Serious Health Condition
- 7. Illness (Specify: _____)

If Item #1, 5, 6, or 7 above are marked, employee must provide physician/medical certification for leave.

Attached: yes no

If not attached, date received: _____

I will be using Sick Leave for the disability portion of my absence: yes no

Employee provided with copy of district's written policy on Family and Medical Leave entitlement and/or "Your Rights Under the Family and Medical Leave Act of 1993": yes no

Personnel Representative

Employee Signature

Date: _____

Date: _____