Leave Request Form (GBC E 1)

There are four steps in applying for a leave:

1. Check the Staff Member Leave Policy GBC to be sure your leave is consistent with the "Staff Member Time Off and Leave" guidelines.
2. Contact your supervisor to discuss your request for leave.
3. Contact Human Resources to receive information regarding this requested leave.
4. Completed form and documentation should be submitted to Human Resources at least 30 days prior to the requested leave when possible.

Last Name **First Name** **MI** **Employee ID** **Date**

Home Street Address **City** **State** **Zip**

Best Contact Phone Number **Home email**

Work Location(s) **Position(s)**

Not all leaves are eligible for some or all available staff or vacation leave balances. Leaves may be approved for up to one year regardless of leave balances.

☐ **Medical Leave** (more than 5 consecutive days of absence) *

- A completed Academy District 20 Health Care Provider's Statement GBC-E-2 must be attached.

Prior to returning to work from a medical leave, you will be required to submit a Fitness for Duty Certification form signed by your health care provider. If there are any restrictions indicated by your health care provider, they must be reviewed by the district's Director for Risk Management and a Director for Human Resources.

Reason: ☐ Personal Illness ☐ Personal Injury ☐ Personal Surgery

Approximate Dates From: _____ To: _____

Extension of previously approved leave (if applicable): From: _____ To: _____

☐ **Maternity Leave** (more than 5 consecutive days of absence) *

- A completed Academy District 20 Health Care Provider's Statement GBC-E-2 must be attached.

Reason: ☐ Pregnancy

Approximate Dates From: _____ To: _____

Extension of previously approved leave (if applicable): From: _____ To: _____

☐ **Parental Leave** (more than 5 consecutive days of absence) *

- A letter explaining reasons must be attached.

Reason: ☐ Child rearing ☐ Adoption ☐ Childcare (post 6 weeks birth or adoption)

Approximate Dates From: _____ To: _____

Note: This leave is available for up to one year and the child must be under one-year-old at the start of the leave.

☐ **Critical Illness or Injury of a Family Member Leave** (more than 5 consecutive days of absence) *

- Academy District 20 Health Care Provider's Statement Form (Need to Care for Family Member) GBC-E-3 is required.

Eligible staff members may apply for a critical illness or injury of a family member leave for up to one year for the purpose of caring for a sick member of the staff member's immediate family or household.

Reason: ☐ Family Member Illness ☐ Family Member Injury

Approximate Dates From: _____ To: _____

Extension of previously approved leave (if applicable): From: _____ To: _____

Revised: March 31, 2010; July 1, 2011; July 1, 2013; July 1, 2016; July 1, 2017; July 1, 2018; July 1, 2019; July 17, 2020; January 1, 2021; July 1, 2021; July 1, 2022; July 1, 2024

Leave Request Form (GBC E 1)

☐ **Unpaid Continuing Education Leave**

- The applying staff member must have been employed in the district for at least five consecutive years and must apply no later than February 1 of the preceding school year of the requested leave.
- The written application shall include documentation of intended enrollment in job-related coursework and the resulting benefit for the school district must be attached.
- See Administrative Policy GBC Staff Member Leave for specific details

Approximate Dates From: _____ To: _____

☐ **Military Leave**

- A copy of the military orders must be attached.
- See Administrative Policy GBCB Military Leave for specific details

Approximate Dates From: _____ To: _____

Extension of previously approved leave (if applicable): From: _____ To: _____

☐ **Staff Victim Leave**

- A copy of the law enforcement report or relevant court documents must be attached.
- See Administrative Policy GBGG Staff Victim Leave for specific details

Approximate Dates From: _____ To: _____

☐ **Unpaid Teacher Exchange Leave**

- The applying staff member must have been employed in the district for at least five consecutive years and must apply no later than February 1 of the preceding the school year of the requested leave. For assignments in the southern hemisphere the deadline for application shall be August 1.
- The written application shall include documentation of addressing the resulting benefit for the school district.
- Such leave is not renewable.

Approximate Dates From: _____ To: _____

*** Your leave request may qualify you for specific benefits under the Family and Medical Leave Act (FMLA). A final determination of FMLA qualification will be made after review of your completed Leave Request Form and Health Care Provider's Statement.**

The signatories below certify that this leave request is in accordance with Academy District 20 Staff Member Leave Policy and Procedure.

_____ _____
Staff Member's Signature Date

_____ _____
Principal/Supervisor's Signature Date

_____ _____
Review/Approval by Director for Human Resources Date