

Employee Leave of Absence Request Instructions



- **Complete all applicable information for a request for leave of more than five (5) consecutive workdays.**
- **Advance notice of 30 days for a request for FMLA leave is required if leave is foreseeable, or as soon as practicable.**
- **If needed, additional medical documentation may be requested by Human Resources.**
- **Return completed form with applicable signatures and any additionally requested documentation to:**

**Department of Human Resources, Marsha Weimer
(mweimer@mssd14.org).**

To schedule an appointment to review your leave request, or for questions regarding your leave, please call 685-2028.

Manitou Springs School District 14
Department of Human Resources

EMPLOYEE LEAVE OF ABSENCE REQUEST

(Application for leave of absence of more than five consecutive (5) workdays)

Employee Name:					
Job Title:		Work Location:		Home Email:	
Home Address:				Home Phone:	
City:		State:		Zip:	
				Cell Phone:	
LEAVE REQUEST					
Beginning Absence Date:			Anticipated Return to Work Date:		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full work day </div> <div> <input type="checkbox"/> Partial work day _____ Number of hours per day: _____ (Indicate scheduling needs) </div> </div>					
FMLA REQUEST FOR LEAVE					
Medical	<input type="checkbox"/> Employee's own serious health condition <i>(Provide medical statement from Health Care Provider of Employee's Serious Health Condition which must be returned within 15 calendar days)</i>				
	<input type="checkbox"/> Serious health condition of an immediate family member for whom you must provide care <i>(Provide medical statement or complete form of Health Care Provider for Family Member's Serious Health Condition which must be returned within 15 calendar days)</i> Relationship of family member: _____ Note: FMLA Leave runs concurrent with available paid leave such as sick leave for up to 12 work weeks. If an employee exhausts available sick leave, he/she may request alternative paid leave options. Please select the option(s) you are applying for below: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Accumulated Leave <input type="checkbox"/> Sick Leave Bank </div>				
Maternity/Paternity/Adoption	<input type="checkbox"/> Employee's own Pregnancy Provide medical statement from Health Care Provider of Employee's Serious Health Condition which must be returned within 15 calendar days)				
	<input type="checkbox"/> Birth or Adoption of Child <i>(Birth Certificate/Adoption documentation must be provided within 15 calendar days)</i> Expected Birth Date of Child: _____ and/or Expected Date of Physical Custody: _____				
	<input type="checkbox"/> Parental Leave for Foster Care <i>(Document of Legal Guardianship must be returned within 15 calendar days)</i> Expected Birth Date of Child: _____ and/or Expected Date of Physical Custody: _____				
Military	<input type="checkbox"/> Qualifying Exigency Leave <i>Certification of Qualifying Exigency for Military Family Leave must be returned in 15 days.</i>				
	<input type="checkbox"/> Military Caregiver Leave <i>Certification of Health Care Provider for Serious Injury/Illness of Covered Service Member for Military Family leave must be returned within 15 calendar days)</i>				
<div style="display: flex; justify-content: space-between;"> <div>Alternative Leave of Absence Request:</div> <div>Extended Leave for care of a family member</div> <div>General Reason (supporting documentation)</div> </div>					

Employee Statement: I am requesting leave of absence for the following reason(s):

To cover an absence longer than five (5) consecutive days per District Policy.

My Annual leave days will be exhausted as of _____ for the current accrual period.

I am, therefore, requesting **Leave without Pay** for any days or portion of a day missed beyond that date.

I have discussed this leave of absence with my Supervisor/Administrator and obtained her/his signature on this application. I understand that it is my responsibility to report days missed in Frontline Absence Management for the duration of my leave. If I am unable to return to work on the date stated, I will apply for an extension to my leave of absence by submitting an additional Leave of Absence Application.

Employees who believe their leave of absence qualifies as FMLA leave under the guidelines of the federally mandated Family Medical Leave Act (FMLA) should review District Policy and Human Resources Guidelines for FMLA. Employees whose leave qualifies as FMLA will be required to use all annual, accrued and vacation leave hours in their accounts **and** to complete all necessary FMLA documents required by Manitou Springs School District 14.

My signature below indicates I am applying for a leave of absence. I have read the employee statement and understand my responsibilities:

Employee Signature

Date

I _____ approve _____ disapprove (check one) this leave of absence application. If approved, the employee's days missed will be reported in Frontline Absence Management by the employee.

Supervising Administrator Signature

Date

I have reviewed this request and the employee's leave history. See comments below:

HR Director Signature

Date

Approved

Disapproved

Superintendent Signature

Date

Approved

Disapproved