ISAAC SCHOOL DISTRICT NO. 5



3348 West McDowell Road Phoenix, Arizona 85009-2416 Phone: 602-455-6700 Fax: 602-278-1693

LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE: Please complete and return to the Human Resources Department prior to the commencement of your leave.

Date:	Name:		
Employee Type: (circle one)	CLASSIFIED	CERTIFIED	ADMINISTRATIVE
Position/Assignment:		Location:	
Cell or Home Phone #:	Ρε	ersonal Email:	

PLEASE CHECK the type of leave being requested and refer to the attached instructions.

Family and Medical Leave (FMLA) from ______thru_____. Eligible employees must be employed for at least 12 months and have completed 1,250 hours of service. Reasons may be (1) the birth and care of a newborn child; (2) for the placement of a child with you for adoption or foster care; (3) your own serious health condition; (4) to care for an immediate family member (spouse, child or parent) due to his/her serious health condition; (5) because your spouse, child or parent is on active duty or on call to active duty status in support of a contingency operation as a member of the National Guard or Reserves or (6) because you are the spouse, child, parent or next of kin of a covered service member with a serious injury or illness. Please attach required FMLA paperwork to this request.

REASON FOR LEAVE:

Board-Approved Leave of Absence (LOA) from _____ thru ____.
Eligibility does not require any length of employment or hours of service. Please refer to the appropriate Employee Handbook for restrictions and limitations.

REASON FOR LEAVE:

Employee Signature	Date	Supervisor Signature	Date
HR Approval	Date	EPAR #	
Human Resources Rev. 12			