**Casa Grande Elementary School District**

220 W. Kortsen Road, Casa Grande, AZ 85122

**Request for Leave of Absence/ Leave of Absence Extension**

Return to Talent Acquisition & Employee Services

When the need for a leave of absence is foreseeable, you must request the leave 30 days prior to its start date. Examples of foreseeable events include childbirth and planned medical treatment/surgery. For unforeseen events such as accidental injury, including workers’ comp., premature birth, or a sudden change in your health, you should request a leave as soon as possible and practical to do so. Family & Medical Leave Act (FMLA) information contains an explanation of your rights and obligations per District policy (GCCC) and FMLA (GCCC-EE).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason you are requesting a leave of absence:**

󠄀 Birth of a child, or the placement of a child with you for adoption or foster care.

󠄀 A serious health condition that makes you unable to perform the essential functions for your job. Provide ***brief*** explanation below.

󠄀 A serious health condition affecting your \_\_\_ spouse \_\_\_ child, \_\_\_ parent, for which you are needed to provide care. Provide ***brief*** explanation below.

󠄀 A qualifying exigency arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

**Explanation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Have you taken a leave of absence during the past twelve months?** \_\_\_\_\_ YES \_\_\_\_\_ NO
* **Requested Leave Time\*: Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*If time off is requested for Maternity Leave: Anticipated date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: District policy allows six weeks for maternity leave.

* **Are you requesting Full-time Leave? \_\_\_\_\_\_\_\_\_\_\_\_ or, Intermittent Leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* If ***intermittent*** (reduced schedule/on and off) leave, you will need to **provide medical documentation, as well as anticipated dates/time you will need to be off,** if known.
* If this is a request for an ***extension***, you will need to **provide medical documentation with a new return date.**

Your request will not be accepted or routed for approval without all proper ***medical documentation within 10 days***, with the exception of maternity leave.

By signing below, you certify that you have read the Casa Grande Elementary School District FMLA/Leave of Absence policy and that you agree to abide by the requirements of the policy. Failure to abide by policy requirements may result in a delay or denial of your leave.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_ Approved \_\_\_ Denied**

Superintendent/Designee Signature Date