POTTERVILLE PUBLIC SCHOOLS

Employee Leave Application
(For absences of 3 or more consecutive days or for Intermittent leave for same reason)

Employee Name: _____
Today's Date:_____
Employee ID No:_____
Bargaining Group: _____
(Please review your bargaining group contract for all leave requirements)
School/Building Location: _____
Position Title: _____
Work Telephone No: _____
Home Telephone No:_____

LEAVE INFORMATION (All absences must be reported in AESOP or via timesheet.)

STARTINGDATE OF LEAVE: _____ **EXPECTED RETURN DATE**: _____
(first day absent from work) (This date can be approximated if an exact date is unknown.)

TYPE OF LEAVE REQUESTED:
☐ Medical ☐ Family Illness ☐ Maternity ☐ Worker's Comp ☐ Funeral (Non FMLA)

(A doctor's statement of your need for a leave is required – please attach statement and return it with this form.)

2. Paid Leave using the following:

- ☐ Sick (*state number of days you want to use*) _____
- ☐ Vacation (*state number of days you want to use*) _____
- ☐ Personal (*this can only be used if FMLA is approved*) _____
- ☐ Short-term disability (*only if available in your benefit package and/or a purchased option)*_____
- ☐ Long-term disability (*only if available in your benefit package*) _____

3. Unpaid Leave for the following reason (must submit written request)

- ☐ parental
- ☐ extraordinary
- ☐ educational adoptive
- ☐ sabbatical
- ☐ military
- ☐ general
- ☐ other purposes (jury duty, witness, union, miscellaneous)2

For *teachers* only--will this leave require a substitute?
No Yes
Employee Signature: _____
Date: _____

Human Resources: _____
Date: _____
*Supervisor may sign in employee's absence.