

## Barnwell School District 45 Extended Leave Request

It is requested that you notify the Human Resources Office at least thirty (30) days prior to the commencement of your leave. **Extended leaves are those expected to last more than five (5) working days and not to exceed (10) working days.** If leave beyond 10 working days is needed, you **must** contact Barnwell 45 Human Resources for other leave options. Your eligibility for leave will be determined after receiving this form and all relevant supporting documentation. Your leave **will not** be processed until complete. You will be notified of your leave status as soon as possible.

### Your Information – Please Print

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street

City, State, Zip \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Email: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

### Select the Type of Leave You Are Requesting

Select only one type of leave. These leaves require information that is requested below or documentation that must be attached to this form.

- |  |  |
|--|--|
| <input type="radio"/> Injury / Illness in the Immediate Family Leave | Attach Doctor's statement.                                       |
| <input type="radio"/> Injury / Illness of Covered Service Member     | Attach Doctor's statement.                                       |
| <input type="radio"/> Intermittent Leave                             | Attach supporting documentation.                                 |
| <input type="radio"/> Medical Leave                                  | Attach Doctor's statement.                                       |
| <input type="radio"/> Military Service Leave                         | Attach military orders or commander's letter.                    |
| <input type="radio"/> Parental Leave (birth of a child)              | Attach Doctor's statement.                                       |
| <input type="radio"/> Parental Leave (non-birth only)                | Attach legal documentation of adoption or foster care placement. |
| <input type="radio"/> Personal Leave (unpaid)                        | Must attach statement page signed by principal / supervisor.     |

### Designate the Period of Leave Requested

Requested Leave Start Date: \_\_\_\_\_ Expected Leave End Date: \_\_\_\_\_

### Regarding the Use of Available Paid Leave

**For Medical Leave** (for your *own* illness or injury) the district may exhaust all of your available leave balances. Your available leave will be used in this order: sick leave, emergency days, and (vacation days for 12-month employees only.) **If FMLA is requested for your own illness or injury, or for illness or injury in the immediate family**, the district will exhaust all of your leave balances. **After all leave is exhausted, the remainder of your leave will be unpaid. An employee on unpaid extended leave, including FMLA, must make arrangements to pay the monthly employee portion of the insurance premiums in order to maintain insurance coverage.**

<b>Signatures</b> Sign this form, attach any appropriate documentation, and return this packet to the H.R. office in person. Please contact HR at 541-3579 if you have any questions.	For Office Use Only:  Years @ BSD45:  Date completed:
Employee Signature _____ Date _____	Approved by _____ Date _____
HR Director Acknowledgement _____ Date _____	Approved by _____ Date _____
Principal / Supv. Signature and Location _____ Date _____	Approved by _____ Date _____