Leave of Absence Request Form

TUCSON UNIFIED SCHOOL DISTRICT

*IF THE EMPLOYEE IS TO BE ABSENT FOR MORE THAN **TEN (10)** WORKING DAYS, THIS FORM IS REQUIRED*

EMPLOYEE INFORMATION

Employee Name (First, Middle Initial, Last Name):

Home Address:	**City:**	**State:**	**Zip:**

Employee ID Number:	**Telephone Number:**	**TUSD Email Address:**

Personal Email Address:	**Site:**	**Position:**

ABSENCE INFORMATION

☐ **Initial Application** ☐ **Extension Request**	**Leave Start Date:**	**End Date:**	**Return Date:**

TYPE OF LEAVE

Are you requesting an Intermittent leave? (for FMLA Only)	**Is this a work-related illness/injury?**
☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

REASON FOR LEAVE

Please indicate the one (1) applicable reason for your leave below. If you require additional information about leave types and their qualifying criteria, please email **benefits@tusd1.org** or call 520.225.6144.

- ☐ Employee's own serious health condition
- ☐ Care of ill parent, spouse, or child (circle one)
- ☐ Birth of a child
- ☐ Care for newborn/Adoption
- ☐ Other (please explain)
- ☐ Study, training, education (circle one)
- ☐ Military Services
- ☐ Qualified military exigency parent, spouse, child (circle one)
- ☐ Care for covered military service member

Leaves due to your own or a family member's serious health condition require a Medical Certification and must be completed and attached with this LOA form. If not attached, you will have fifteen (15) days to submit appropriate paperwork, or your LOA request may result in a delay or prevent leave approval.

This request is NOT an approval of Leave. TUSD will verify your FMLA eligibility and notify you as applicable. If your leave request does not qualify for FMLA, it will be reviewed in accordance with the Governing Board Leave Policy.

REQUIRED DOCUMENTS AND ACKNOWLEDGMENT

Please read and initial:

_____1. I understand that according to District policy, an employees accrued sick, personal, vacation, or other applicable leave shall run concurrent with FMLA leave.

_____2. I understand that all requests for FMLA leave shall be supported by a complete and sufficient medical certificate provided by the employee's health provider. In the instance where the FMLA leave must be proceeded by thirty (30) days' notice, the medical certificate should accompany the request for leave of absence. In any other instance, the medical certificate should be provided within fifteen (15) days after FMLA leave commences.

_____3. I understand that any benefits I may have can continue as long as I remain in a paid status. I can make financial arrangements with TUSD to continue payment of my portion of the premiums while on FMLA. If I go into an unpaid LOA, my benefit will terminate at the end of the month in which my accrued leave depletes, and I will be offered COBRA. I understand that if I am enrolled in (ENP- Earned Not Paid/Summer Pay) and I owe benefit premiums, the alternate pay refund will be used to pay my benefit premiums that will be owed through the end of the **calendar** year. Only a few pay periods will be paid using the refund; however, this will assist with preserving benefits while on an unpaid status.

_____4. The district requires an employee to provide a medical certificate 2 weeks prior to return, from a health care provider indicating that the employee is able to resume work before returning from FMLA leave for a serious personal health condition. Employees may not return to work without a work release.

_____5. If I am unable to return to work on my anticipated return date, I understand that I must request an extension 1-2 weeks prior to my return date. All applicable documents must be submitted, i.e.: Updated LOA Request Form with extension dates & Updated Medical Certification.

REQUIRED SIGNATURES

Employee Signature:	**Date:**

Supervising Administrator Signature:	**Supervising Admin. ID #**	**Date:**

Signature of Supervisor does not constitute approval or denial of leave request.

HR Signature:	**Date:**	**Approved** ☐ **Deny** ☐	**Paid** ☐ **Unpaid** ☐

Type Of leave:	**BASIC#**	**EPAR#**	**EXT EPAR#**