JEFFERSON SCHOOL DISTRICT REQUEST FOR LEAVE OF ABSENCE

Employee Name:	Date of Hire　　　　Full-Time　　Part-Time
Date Leave Requested to Begin: _____	Date to Return to Work: _____

TYPE OF LEAVE REQUEST

☐　Medical Leave for employee*

☐　Medical Leave for immediate family member or domestic partner* (Please see attached certification of domestic partnership)

☐　Parental Leave for birth or placement for adoption or foster care*

☐　Service Member Leave* (Please attach orders)

☐　Worker's Compensation*

☐　Personal (needs other than listed above)

☐　Uniformed Service Leave (Please attach orders)

☐　Leave for a "Qualifying Exigency" relating to active duty* (Please attach orders)

* A leave request for any of these reasons may qualify you for family and/or medical leave. For leave for a domestic partner, please complete and forward with this Request the Certification of Domestic Partnership.

Reason for Requesting Leave: _____

For leave to care for an immediate family member with a medical condition or an ill or injured Service Member, please indicate the following:
➜　　full name of person to be cared for ☐ parent, ☐ spouse, ☐ child: _____
➜　　if the person is your child, the age of the child: _____
➜　　the care to be provided (please be specific): _____
　　　_____

For "qualifying exigency" leave, please indicate the situation the employee is needed to address (i.e., arrange for childcare, attend pre-deployment briefings, etc.) _____

AMOUNT OF LEAVE

I request that the leave be granted for the following period of time:

Beginning date:	Ending date:

I further request that the leave be granted for the following reduced or intermittent leave schedule: _____

I would like to substitute the following paid leave time during my family or medical leave:

☐ Sick Days_____ number of days　　　☐ JEA Personal Days _____ number of days

How will Employee pay for missed Benefit Deductions while on an unpaid Leave of Absence?

　　　☐ Discontinue Coverage　　　　　☐ I will make monthly benefit payments by check to Jefferson School District

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge.

Employee Signature: _____　　**Date:**

FOR EMPLOYER USE ONLY

Type Of Leave: ☐ FMLA ☐ Non-FMLA ☐ Workers Compensation ☐ Other　　　　Leave approved? ☐ Yes ☐ No

The following paid leave will be substituted:

Remarks:

Signature:

Title:	Date: