San Felipe Del Rio Consolidated Independent School District

Leave of Absence Request Form

Name: _____ Position _____

Address: _____ Home/Cell Number: _____

Campus/ Department: _____ Supervisor: _____

Preferred Email: _____

Beginning Date of Leave: _____ Return to Work Date: _____

LEAVE OF ABSENCE REQUEST

Reason for Absence	Documentation Required
☐Personal Illness or Medical Appointment	Medical Certification with Applicable dates; must provide a doctor's release prior to return
☐Emergency *Specify:*	
☐Family & Medical Leave (Including care for a newborn child, placement of a child, qualifying exigency, etc.)	Medical Certification / Note from appropriate agency. Must provide a doctor's release prior to return.
☐Jury Duty or subpoena	Attach documentation
☐Assault Leave	See Board Policy
☐Military / Care of Military Service Family Member	See Board Policy
☐Discretionary Leave / Extended absences over 5 days Reason for leave must be fully explained: Do not write "personal reasons":	Must have approval of Supervisor and Superintendent prior to leave beginning.

I have read, understand and was given the rules in policy and administrative procedures governing a leave of absence. My request is made in accordance with such rules.

Employee Signature: _____ Date: _____