



LEAVE OF ABSENCE REQUEST

(Absences of more than 7 days)

Name: _____ Date: _____

Building: _____ Position: _____ Last 4 Digits SS# _____

Beginning Date of Leave: _____ Returning Date of Leave: _____

✓ All That Apply	Reason for Absence	Documentation Necessary	<i>(office use only)</i>
	Personal Medical Limited to medical leave necessary for employee illness or injury.	Note from doctor with applicable dates	Sick Bank Request Y/N
	Family Medical (FMLA) Limited to medical leave for illness within the employee's family as defined by the Family Medical Leave Act.	<i>Date of Employment (office use only)</i> ____/____/____	Note from doctor with applicable dates Sick Bank Request Y/N
	Maternity / Parental Leave Parental leave is available for employees who qualify for leave for adoptive or natural reasons.	Note from doctor with applicable dates	
	Military Service Employees required to serve in the federal or state military shall be granted leave.	Copy of military orders	
	Family Emergency Limited to natural disasters and life threatening situations involving the employee or a member of the employee's immediate family	Varies/contact Leave Coordinator	
	Jury Duty Employees are provided leave to comply with a summons to appear as a juror.	copy of juror verification form issued by court	
	Other (please specify): _____	Varies/contact Leave Coordinator	
_____ Paid Leave Dates _____ Unpaid Leave Dates			

Employee Signature: _____ Date: _____

PLEASE RETURN FORM(S) AND DOCUMENTATION TO ADMINISTRATION OFFICE AT YOUR EARLIEST CONVENIENCE:

By Mail
Northwest Community Schools
Attn: Lisa Petersen
6900 Rives Junction Rd.
Jackson, MI 49201

By Fax
517-569-2395

By School Mail
Administration Office
Attn: Lisa Petersen

By e-mail
lisa.petersen@nwschools.org

Administrator Signature: _____ Date: _____

Copies to: Payroll, Personnel File, Employee's Supervisor, Superintendent