

**Montesano School District
REQUEST FOR LEAVE OF ABSENCE**

Employee Name: _____

Work Location: _____ **Position:** _____

I request a leave of absence for the period of:		Full Time Leave: _____
_____ to _____	Part Time Leave: _____	
<i>Expected first day off work</i>	<i>Expected first day back to work</i>	
For the following reason:		
_____ Adoption of a child	_____ Professional	
_____ Maternity*	_____ Family Illness (please list family member and relationship)*	
_____ Childcare	_____	
_____ Medical*	Military (copies of official orders are required)	
_____ Other (Please list reason) _____		
*Maternity, medical and family illness leaves require a physician's certificate before leave can be approved.		

	Please circle	Please indicate number of days
I would like to use my available sick leave (if applicable) for this leave request	Yes No	_____
I would like to use my available vacation leave (if applicable) for this leave request	Yes No	_____
I would like to use my personal leave (if applicable) for this leave request	Yes No	_____
I have entered this leave of absence into the employee absence reporting system. The job number is: _____. I understand that if the leave dates change it is my responsibility to ensure that the days are reported into the employee absence reporting system and that a substitute is arranged for, if applicable. I also understand that entering this absence into the employee absence reporting system does not constitute approval of this leave of absence.		
I understand that this request for a leave of absence is subject to the terms and conditions of my collective bargaining agreement and/or board policy. I also understand that the Superintendent determines final approval of this request and some leave requests require board approval. If I need to revise my return to work date I will notify the Superintendent's office, in writing, and provide an updated physician's certificate if required.		
_____	_____	
Employee Signature	Date	

Supervisor/Principal Signature Date Recommend Not Recommended

Superintendent Signature Date Approved Denied

Board Approval Date (if applicable): _____

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