

EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO
REQUEST FOR LEAVE OF ABSENCE

Section I: (Completed by Employee)

Name: _____ Hire Date: _____

School: _____ Job Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

DATES REQUESTED: FROM ___/___/___ TO: ___/___/___*
(Forms without a return date or estimated return date will not be accepted)
Check if this is an extension of a previously approved Leave of Absence*

REASON FOR LEAVE (Check all that apply)

- FMLA/MEDICAL LEAVE (Self) (check appropriate reason)
 1. Personal injury/illness (not work-related and could include disability due to pregnancy/childbirth)
 2. Work-related injury or illness
- FMLA/FAMILY CARE LEAVE (check appropriate reason)
 1. To care for a seriously ill immediate family member. Please indicate which family member:
 Spouse Parent Son** Daughter**
 **If for a son or daughter, provide their date of birth: (MM/DD/YYYY) ___/___/___
 2. To care for a newborn, adopted or foster child within one year after birth or placement of the child.
 Provide the date of birth or date of placement: (MM/DD/YYYY) ___/___/___

*Certain medical or personal events requiring a Family or Medical Leave may also qualify for protection under the FMLA and may be taken on an intermittent or reduced schedule basis (refer to Policy 3.04f for further information). Does your request involve intermittent dates? (Check one): NO YES If yes, the intermittent begin date is determined when the first absence occurred and/or when the provider certifies the medical condition.

- MILITARY LEAVE (attach copy of orders)

EMPLOYEE ACKNOWLEDGMENT

I reviewed and understand the provisions and procedures of the applicable Leave of Absence policy. I further understand that should my circumstances change, I must submit a new "Request for Leave of Absence" form for further consideration.

Employee Signature

Date

SECTION II: SUPERVISOR ACKNOWLEDGMENT

My signature acknowledges receipt and review of the above-named employee's "Request for Leave of Absence". I am aware of the provisions of the applicable Leave of Absence policy. I further understand that final approval will be determined by the appropriate authority.

Supervisor Signature

Date