

Application for Leave of Absence

Rochester City School District Guidelines and Application

Name _____ Empl ID # _____
 Address _____ Position /Union _____
 _____ Work Location _____
 Home Phone # _____ Work Phone # _____

TYPE OF LEAVE

- Parental Illness (Physician's statement required for return to work)
 Other Reason/Contract Section:

*All leave requests are subject to contractual and/or statutory notice requirements.

ABSENCE INFORMATION

Date Leave Begins _____ Yes No
 Date Leave Ends _____

	No. of Days	From	Through
Use of Personal Days	_____	_____	_____
Use of Vacation Days (if applicable)	_____	_____	_____
Use of Personal Illness Days	_____	_____	_____
Unpaid Days/Off Payroll	_____	_____	_____

The District may require use of paid leave prior to granting unpaid leave. Number of paid leave days is subject to District verification.

OTHER INFORMATION

- All leave requests are subject to final approval by the Chief of Human Capital Initiatives or designee.
- Employees on unpaid leave may be required to pay the full cost of insurance benefits. Employee Benefits will provide you with information regarding your benefits while on leave. If you have questions call 262-8206.
- No employee will be granted a leave of absence to accept any other paid employment.
- Employees requesting leave related to personal or family illness may be required to provide documentation to support the requested leave and/or certification of their fitness to return to work upon expiration of their leave.
- Employees who fail to return to work without explanation upon expiration of their leave of absence shall be deemed to have abandoned their position with the District and voluntarily terminated from their employment.

Required Signatures: to be signed and returned to the Department of Human Capital Initiatives.

I have read and understand the above:

Signature of Employee _____ Date _____

Approval of Principal/Dept. Head _____ Date _____