

Wellpinit School District - Request for Leave or Approved Absence

Name (Last, first, middle)			Position			
Type of Leave/Absence <i>(Check appropriate box(es) below)</i>	Date		Time		Total Hours	Family and Medical Leave
Vacation Leave						If annual leave, sick leave or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: I hereby invoke my entitlement to Family and Medical Leave for: Birth/Adoption/Foster Care Serious health condition of spouse, son, daughter or parent Serious health condition of self <i>Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.</i>
Personal Leave						
Sick Leave						
Purpose:						
Illness/injury/incapacitation of requesting employee						
Medical/dental/optical exam of requesting employee						
Care of family member, including medical/dental/optical examination of family member, or bereavement* <i>*(For bereavement, list relationship in remarks section)</i>						
Care of family member with a serious health condition						
Other						
Jury Duty/Court						
Association						
Meeting - Job Related						
Travel						
Other (Specify in Remarks)						
Leave Without Pay						
Remarks:						
Certification: I hereby request leave/approved absence from duty as indication above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with Wellpinit School District's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action.						
Employee Signature					Date	
Official Action on Request: Approved Disapproved <i>(If disapproved, give reason)</i>						
Reason for Disapproval:						
Supervisor Signature					Date	