Douglas County School District
Learn today. Lead tomorrow.

DCSD Request for Leave of Absence Form

EMPLOYEE INFORMATION	
Date	
Employee Name	**Employee Number**
Job Title	**Worksite**

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below.

- ☐ Your own serious health condition which is not work related *
- ☐ Care for spouse, domestic partner, child or parent due to their serious health condition *
- ☐ Intermittent absence
- ☐ Birth of a child, or placement of a child with you for adoption or foster care
  - ° *Provide the Date of Birth or Placement of Child (if applicable)*: _____
- ☐ Military Leave: Active Duty, Military Caregiver or FMLA (You have a right under FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness).
- ☐ Other LOA – 30 days maximum (Unpaid leave of absence for non-medical circumstances beyond your control). Must have 90 days of continuous employment with the District.

*** Please complete the required medical form for your own Serious Health Condition or a Family Member's Serious Health Condition.**

- ☐ Completed Medical Certification form is attached.
- ☐ I will submit a Medical Certification form within 15 days to the Benefits Department. Failure to submit the Medical Certification form within 15 days may result in denial of the FMLA

CERTIFICATION

I hereby request a leave of absence from duty as indicated above and certify that such leave is requested for the purpose(s) indicated. I understand that I must comply with the District's procedures for requesting leave of absence and provide additional documentation, including medical certification, if required.

Please complete this form in it's entirety and upload the required documentation to Workday. Upon receipt of your request and medical certification (if applicable) the Benefits department will notify you and your manager on whether the leave is approved.

_____ _____

Employee Signature Date

LEAVE STATUS (BENEFITS DEPARTMENT USE ONLY)

Leave Approval/Denial

Your leave request has been _____approved /_____ not approved for the following request:

Leave Type: _____

Start Date: _____ End Date: _____

Return to work date: _____

_____ _____

Director of Benefits Signature Date