

Queen Anne's County Public Schools
LEAVE REQUEST

Planned Absences: form must be completed and approved in advance. Unplanned Absences: complete form as soon as possible.

Employee's Name (Last, First)	Emp. ID #	Position/Work Location
Beginning Date	Ending Date	Date to Return to Work

TYPE OF LEAVE REQUESTED: (SEE INFORMATION ON BACK OF FORM)

Asterisk () denotes that leave request must be forwarded to Human Resources for further processing.*

- Annual Leave
- Sick Leave (Absence of 1-2 days)
- *Sick Leave (Absence of three (3) or more days) - *Attach documentation from your health care provider.*
- *Worker's Compensation - *Attach documentation from your health care provider*
- Bereavement - *Attach a letter to explain any extenuating circumstances.*
- *Unpaid Leave of Absence for Military Duty - *Attach orders.*
- Personal Leave (*A&S does not receive*)
- *Jury Duty Leave - *Attach copy of court order.*
- 90 Minute Absence (*Under Review*)
- Other (*Please Explain*) _____

FAMILY AND MEDICAL LEAVE (FMLA)

If you **worked at least 1,250 hours** in the past 12 months, your leave may qualify for FMLA. If you think you qualify for FMLA, check the appropriate box. If you are eligible, FMLA forms will be sent to you.

- Birth of a child, or the placement of a child with you for adoption or foster care.
- A serious health condition that makes you unable to perform the essential functions for your job.
- A serious health condition affecting your Spouse, Child, Parent, FOR WHICH YOU ARE NEEDED TO PROVIDE CARE.

Employee's Signature	Date	<input type="checkbox"/> Copy to Employee
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Supervisor's Signature (Denotes Supervisor's Approval)	Date	<input type="checkbox"/> Copy to Supervisor
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*HR Director or Superintendent Signature	Date
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- This leave will require your benefits to be adjusted and/or your contract reissued.
- This leave **MAY** require benefits to be adjusted and/or your contract reissued if additional unpaid days are taken.
- This leave will require a release to return to work from your doctor **BEFORE** you can work.

FOR OFFICE USE ONLY

- ELIGIBLE FOR FMLA
- NOT ELIGIBLE FOR FMLA Date FMLA Letter/Forms Mailed: _____
- Copy to Payroll to address Unpaid Leave