

Diman Regional Vocational Technical High School

FALL RIVER - SOMERSET



SWANSEA - WESTPORT

ROGERIO RAMOS, *Superintendent - Director*
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Request for Leave of Absence

Employee should complete this form and bring to the Business Office. Once eligibility is determined, the form will be forwarded to the Assistant Superintendent/Principal for signature and employee will be notified of the approval or denial of the request.

Name: _____ Date: _____

Department: _____

I require a leave of absence from _____ to _____ because:

_____ I am temporarily unable to work because of my own serious health condition.

_____ I am temporarily unable to work because of the birth of a child or placement of a child as a result of adoption or foster care.

_____ I will be caring for a family member (spouse, child, or parent) with a serious health condition.

_____ I am needed because of a qualifying exigency arising out of the fact that my spouse, son, daughter or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

_____ I am the spouse, son, daughter, parent or next of kin of a covered military service member with a serious injury or illness.

I understand that I am eligible for up to 12 weeks of leave per 12 month period under the Family Medical Leave Act assuming I have been employed for 12 months or have worked 1,250 hours over the previous 12 month period.

_____ I am requesting use of time from my Sick Bank.

X _____
Employee's Signature

X _____
Human Resource Coordinator's Signature

X _____
Assistant Superintendent Director/Principal's Signature

For Business Office Use Only:

DOH: _____

Eligible for LOA yes no

Eligible for FMLA yes no

Copy sent to Principal on: _____