LEAVE OF ABSENCE REQUEST FORM
To be submitted for leaves lasting 5 days or longer.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Emp #:</th>
</tr>
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<tbody>
<tr>
<td>Position:</td>
<td>School/Department:</td>
</tr>
<tr>
<td>Dates of Requested Leave (From and To):</td>
<td></td>
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<tr>
<td>Return to Work Date:</td>
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**Family Medical Leave**
- □ Birth, Adoption, or Foster Care Placement (within one year after birth or placement)
  Attach - Certification of Health Care Provider for Employee’s Serious Health Condition or
  Certification of Health Care Provider for Family Member’s Serious Health Condition
- □ My Own Serious Health Condition that makes me unable to perform the essential functions of my job
  Attach - Certification of Health Care Provider for Employee’s Serious Health Condition
- □ To Care for Spouse, Child, or Parent who has a serious health condition
  Attach - Certification of Health Care Provider for Family Member’s Serious Health Condition
- □ To Care for ‘Covered Service Member’ as defined in FMLA policy
  Attach - Certification for Serious Injury or Illness of Covered Service Member
- □ Any Family Military Leave as defined in the FMLA policy
  Attach - Certification of Qualifying Exigency For Military Family Leave

**Parental Leave**
- □ Parental Leave
  - ✓ For DAEA Only – Leave may be taken up to one calendar year plus time that will permit the leave to end at the start of a semester. Must provide 60 days notice.
  - ✓ For Teamsters Only – Leave shall terminate no later than the beginning of the school term in the calendar year following the calendar year in which the leave began. Must provide 90 days notice.

**Other Leave**
- □ Sabbatical – Restoration of Health or Professional Development
  Must complete separate form for Sabbaticals that can be found at www.dasd.org. District, Human Resources, Forms. Additional documentation must also be submitted to support the request.
- □ Military Leave
  Attach copy of orders
- □ Other: Please Explain

I certify that the above information is accurate. I understand that I must provide the supporting documentation requested by the School District as required by applicable law, contract and/or policy in order for my leave of absence to be considered. In addition to completing this form, I will notify my supervisor of my absence.

I acknowledge that I have reviewed the applicable leave policy and/or my Collective Bargaining or Compensation Agreement as well as the Benefits while on Leave document and that I will comply with the specifics within the policy. Per the FMLA policy, I understand that if I meet the qualifying criteria, then the District will designate my leave as FMLA.

I understand that any changes to my leave request must be reported as soon as possible. If I am unable to return to work on the date approved, then I must request an additional leave prior to the anticipated return to work date and provide supporting documentation or I may be subject to termination of employment.

<table>
<thead>
<tr>
<th>Employee Signature:</th>
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<tbody>
<tr>
<td>Date:</td>
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LEAVE OF ABSENCE GUIDELINES
FMLA – Family Medical Leave

If an employee meets the qualifying criteria for FMLA based on the information provided by the employee on the Leave of Absence Request Form, then the District will designate that leave as FMLA even if the employee has not requested that the leave be designated as such.

To qualify for FMLA:
- The employee must be employed by the District for at least twelve months prior to the commencement of the leave; and
- The employee has worked for the District for at least 1,250 hours over the twelve (12) month period immediately prior to the commencement of the leave.

The following may be qualifying events for FMLA:
- Birth of a child or placement of a child with the employee for adoption or foster care. Leave for this purpose must end within one year after the birth or placement; or
- A serious health condition of the employee’s spouse, child, or parent; or
- A serious health condition that makes the employee unable to perform the employee’s job; or
- The care of a ‘covered service member’, which is defined as a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on temporary disability retired list, for a serious injury or illness that is incurred by the member in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating, when the eligible employee is the spouse, son, daughter, parent, or next of kin (i.e. nearest blood relative) of a covered service member; or
- Any qualifying exigency (as defined by the Department of Labor) arising out of the fact that the employee’s parent, child, or spouse is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

The length of an FMLA leave:
- Eligible employees are entitled to up to twelve (12) weeks of FMLA leave during a year.
  - For Administrative and Support Employees, a “rolling” 12 month period measured backward from the date an employee uses FMLA leave will be used to determine the year.
  - DAEA employees are entitled to up to twelve (12) weeks of FMLA leave during an Academic Year, September through August.
- In the event the leave is taken to care for a covered service member, eligible employees may take up to twenty-six (26) weeks of FMLA leave per year.

While on FMLA, employees must concurrently use accrued paid leave as follows:
- Accrued paid vacation (if applicable), personal, and sick leave for FMLA leave for the employee's serious health condition; or
- Accrued paid vacation (if applicable), personal, and family sick leave for FMLA leave for the serious health condition of a member of an employee’s immediate family; or
- Accrued paid vacation (if applicable), personal, and family sick leave for leave for the birth, adoption, or placement in foster care of a child; or
- Accrued paid vacation (if applicable), personal, and family sick leave for FMLA leave for the care of a covered service member; or
- Accrued paid vacation (if applicable) and personal leave for FMLA leave for any qualifying exigency.

DASD Property – While on leave from employment, DASD may collect assigned District property including laptops.

Supplemental Positions – During a leave from your regular full/part time position, you will also be on leave from any supplemental work. Payment for these positions will be paid based on days worked prior to and after the leave.

For complete information on FMLA and other leave policies, please refer to the DASD Board Policies and/or your respective Collective Bargaining or Administrative Agreement. Policies can be found on the District website at www.dasd.org, School Board, Policies.