



Request for Leave Bank Assistance

Instructions: The requesting employee should complete this form in consultation with their Human Resources Representative. The Human Resources Representative will submit this form to the appropriate levels of approval for the leave being requested.

Employee Name: _____ EIN: _____

• Current Leave Balances •

Date: _____ Total of Leave Balances: _____

Annual: _____ Sick: _____ Comp: _____ Excess: _____ Other: _____

• Leave Request •

Start Date of Request: _____ End Date of Request: _____

Full time or Part time: _____ Estimated Hours Requested: _____

• Employee Acknowledgements •

____ Facts that support my application for leave bank assistance are included with this request. This documentation can include an FMLA Certification form and/or FMLA Application, or comparable medical documentation if not eligible for FMLA.

____ I understand that I will be required to use FMLA in conjunction with any leave bank assistance that may be approved (if eligible).

Employee Signature: _____ Date: _____

• Approvals •

Human Resources Representative: _____ Date: _____

Recommend Approval: _____ Recommend Denial: _____

Direct Supervisor: _____ Date: _____

Recommend Approval: _____ Recommend Denial: _____

Superintendent or Designee: _____ Date: _____

Final Approval: _____ Final Denial: _____