



Application to Initiate a Leave of Absence

I. TO BE COMPLETED BY THE EMPLOYEE

Employee Information:

Name _____ Employee Number _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Work Phone Number _____

Email (Where you can be contacted while on Leave) _____

Department/School _____

Job Title _____

Union Affiliation _____ Numbers of hours in a work week _____

II. TYPE OF LEAVE REQUEST

I am requesting the following type of leave:

Please check one: FMLA Medical Personal Military Unsure at this time

Please check one: Paid LOA Unpaid LOA

Anticipated Start Date: _____ Anticipated End Date: _____

Reasons for Request (Please Explain):

Are you requesting Intermittent/Reduced schedule FMLA? Yes No

I hereby authorize New Haven Public Schools, its employees and agents to contact my physician to verify the reason for my requested leave or for any other information concerning my requested leave of absence.

I understand that a failure to return to work at the end of my approved leave period may be treated as a resignation or considered job abandonment.

Employee's Signature: _____ Date: _____



NEW HAVEN PUBLIC SCHOOLS

III. TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

Applicant Emp. # _____

How long has the employee worked for you: _____

Will you required a Substitute Teacher for this absence? Yes No

If you require a temporary/part-time coverage (other than a Substitute Teacher)
please contact your Assistant Superintendent or the Business Department.

Supervisor Printed Name: _____

Supervisor Signature: _____ Date: _____

IV. TO BE COMPLETED BY HUMAN RESOURCES GENERALIST

Please check one: FMLA FMLA INT. FMLA EXT. Military

Leave approved From: _____ To: _____ RTW: _____

Leave Denied: _____

HR Generalist Signature: _____ Date: _____

V. TO BE COMPLETED BY DIRECTOR OF HUMAN RESOURCES

Please check one: Medical Medical Ext. Personal Military

Leave approved From: _____ To: _____ RTW: _____

Leave Denied: _____

HR Director's Signature: _____ Date: _____