

TO EDIT: CLICK FILE THEN MAKE A COPY
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St. Michael - Albertville Independent School District 885

Excellence is Our Tradition

Request for Leave of Absence

**Fill in ALL information; print, sign & submit to your supervisor for signature & routing to Human Resources.
 Attach medical statement from physician if necessary - DO NOT attach anything else other than medical.**

Employee's Full Legal Name	
Employee's Street Address	
Employee's City, State, Zip	
Buildings employee works in	SELECT ONE
Employee's work assignment	
Employee's immediate supervisor	
Type of leave requested <i>Family Medical Leave: Maximum of 12 weeks, paid OR unpaid</i>	SELECT ONE
Reason for leave request - briefly <i>Finish in comments below if necessary</i>	
Begin date of leave (first date of leave) <i>Approving supervisor: Do not approve without this date - it may be an approximate date</i>	
End date of leave (last date of leave) <i>Approving supervisor: Do not approve without this date - it may be an approximate date</i>	
Comments, if necessary	
Employee's signature	
Date	
Immediate Supervisor signature	
Date	
Human Resources receipt of request	