

**REQUEST FOR ABSENCE/LEAVE FORM****EMPLOYEE INFORMATION:****Name:****School or Department:****POSITION INFORMATION:****Position:** ☐ Administrator ☐ Teacher ☐ Paraprofessional ☐ Clerical ☐ Custodial ☐ Security Aide**For Teachers, is a Substitute Required?** ☐ YES ☐ NO**For Teachers, what Subject Area?** \_\_\_\_\_**LEAVE TYPE WITH EFFECTIVE DATES****FAMILY AND MEDICAL LEAVE (FMLA):****Type of Leave**  
(Check Appropriate Box)**Dates of Absence**☐ **Sick Day**☐ **Family Day**☐ **Vacation Day**☐ **Personal Day**☐ **Bereavement**☐ **Jury Duty / Court**☐ **Conference Day**☐ **Without Pay (w/BOE permission)**☐ **Administrative****DATE OF RETURN TO WORK:**  
(requires signed *Certification of Healthcare Provider* form for health condition or birth)\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day YearIf vacation leave, personal leave, sick leave, or leave without pay will be used under the *Family and Medical Leave Act of 1993 (FMLA)*, please indicate the following:**Employee:** "I hereby invoke my entitlement to family and medical leave for" : (Check One)☐ Birth/Adoption/Foster Care☐ Serious health condition of spouse/child/parent☐ Serious health condition of self☐ Full-time Leave☐ Intermittent Leave (Part-time)Contact your Human Resources Department to obtain additional information about your entitlements and responsibilities under the FMLA. **Certification of Healthcare Provider Form** required for a serious health condition.**--IMPORTANT--**Employees on an approved leave must be **on payroll** using **accrued time** prior to any holiday or school closing period in order to get paid for that holiday or school closing period.

**Please note:** ALL employees are required to enter their absences in Absence Management (formerly AESOP) to report an absence from work. This form should be completed prior to the day of the absence when absence is known in advance/is planned. If absence is not known in advance/planned, this form must be completed immediately upon your return to work. Employees must comply with the Roosevelt UFSD procedures for requesting an absence/ FMLA/personal leave, and provide additional documentation, including medical certifications after 3 days of absence and FMLA certification for leaves lasting more than 5 working days.

**Employee Signature:****Date Signed:****Principal/Director/Coordinator**  
(Immediate Supervisor of Employee)**Date****Assistant Superintendent, HR & PD****Date****Assistant Superintendent**  
(Elementary, Secondary or Business)**Date****Superintendent of Schools**  
(For Administrators Only)**Date****Comments/Additional information - if applicable.**