



ST LOUIS COUNTY SCHOOLS

INDEPENDENT SCHOOL DISTRICT 2142

Request for Medical Leave of Absence *CONFIDENTIAL & TIME SENSITIVE*

PLEASE COMPLETE AND RETURN THIS FORM TO HUMAN RESOURCES 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial)

Home Address

City

State

Zip

Job Title/School

Telephone Number

☐ HOME ☐ CELL

ABSENCE INFORMATION

Requested Start Date:

Anticipated Return Date:

TYPE OF LEAVE

☐ Extended Leave of Absence (Block of Time)

☐ Intermittent Absence (Information required below)

For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below

☐ Employees Own Serious Health Condition *

☐ Care for Ill Parent, Spouse, Child or Domestic Partner*

Name of Family Member: _____ Relationship: _____

*** For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.**

☐ A completed [Medical Certification](#) form is attached.

☐ I will submit a [Medical Certification](#) form within 15 days.

☐ Workplace Injury / Worker's Compensation

☐ Pregnancy Leave

☐ Baby Bonding/Child-Care (Care for Newborn/Placed Child) °

° Provide the Date of Birth or Placement of Child (if applicable): _____

☐ Military Leave: Active Duty, Military Caregiver or FMLA

☐ Other - Please specify: _____

LEAVE OF ABSENCE CATEGORIES

A leave of absence may consist of leave without pay and/or paid leave (sick/personal leave). Paid leave may be used in accordance with applicable policy/contracts. I request to use the following leave categories:

Type

Number of Hours/Days (if known)

Sick Leave ☐

Personal Leave ☐

Leave w/o Pay ☐

☐ I have verified that I have sufficient accrued leave to take the above requested paid leave.

Employee Signature:

Supervisor Approval:

HR Director Approval:

Date:

Date:

Date: