



Manor Independent School District Leave of Absence Request

Return to: Human Resources Office
10335 Hwy 290 East, Manor, TX 78653
Phone: 512-278-4027 ♦ Fax: 512-278-4403
Email: victoria.henderson@manorisd.net

EMPLOYEE INFORMATION <i>(Please Print)</i>	
Name: _____	Employee ID#: _____
Address: _____	Campus/Dept.: _____
City/Zip: _____	Campus Ext.: _____
Phone: _____	Supervisor: _____

TYPE OF LEAVE REQUIRED	DURATION OF ANTICIPATED LEAVE						
<p><i>(refers to Board Policy DEC – Legal, Local and Regulations)</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Temporary Disability <input type="checkbox"/> Short-Term Military <input type="checkbox"/> Long-Term Military <input type="checkbox"/> Assault Leave <input type="checkbox"/> Professional Development <input type="checkbox"/> *Family Medical (FMLA) <input type="checkbox"/> Administrative Leave <input type="checkbox"/> Exigency for Military Family Leave </div> <div style="width: 35%; border: 1px dashed black; padding: 5px;"> <p style="text-align: center; margin: 0;">Reason for Leave</p> <input type="checkbox"/> Bereavement <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Personal Illness <input type="checkbox"/> Care for Family Member <input type="checkbox"/> Maternity Leave </div> </div> <p><small>*Note: FMLA is processed by Payroll/Benefits and approved by Human Resources.</small></p>	<p>Start Date: Month _____ / Day _____ / Yr. _____</p> <p>End Date: Month _____ / Day _____ / Yr. _____</p> <p>Intermittent from: _____ thru _____</p>						
ANTICIPATED DATE OF RETURN							
Return Date Month _____ Day _____ Year _____							
<small>*Note: Date of return is the next business day of anticipated end date.</small>							
For Payroll/Benefits Office Use Only							
Request Catastrophic Days: <input type="checkbox"/> Yes <input type="checkbox"/> No							
<small>Final decision is based on committee review of a catastrophic medical condition.</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;"># Calendar Days</th> <th style="width: 33%;"># Work Days</th> <th style="width: 33%;"># Work Weeks</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	# Calendar Days	# Work Days	# Work Weeks			
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EXIGENCY FOR MILITARY FAMILY LEAVE ONLY

Name of covered military member on active duty or call to active duty status in support of a contingency operation: _____

Name _____	Relationship _____	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
Is absence for a single continuous period of time due to the qualifying exigency?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need to be absent periodically to address this qualifying exigency?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE REQUEST

I have reviewed the information on the front and back of this form. I understand I am responsible for providing the information requested and have submitted or will submit all required documents with this leave request. I also understand that if my request is for greater than 30 days, I will be required to re-certify my physician statement in 30 day intervals unless otherwise instructed. I certify that the information I provided is true and correct.

Employee Signature

Date

For Payroll/Benefits Office Use Only

FMLA Qualifications			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employed for 12 months:	Date of Hire:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worked at least 1250 hours in the last 12 months:	# Hours Worked	
Document Certification		Type Certification	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending (within 2 Weeks of request)	<input type="checkbox"/> Physician Statement <input type="checkbox"/> PD Requirements <input type="checkbox"/> Military Orders
Date Approved: _____		Approved Through: _____	
<i>Approved by Executive Director of Human Resources:</i>			

Review district guidelines on reverse side; then complete and return this form to, Human Resources Office prior to taking leave or within 2 weeks of an unscheduled leave.

District Leave Guidelines

The Family Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b). The district guidelines for a leave of absence are as stated below.

1. *Board Policy DEC Local and Legal addresses leaves and absences. The policy information can be found at <http://pol.tasb.org/Home/Index/1150>*
2. *Complete the request form to Payroll/Benefits Office at least 30 days prior to a scheduled leave or within 10 work days after an unscheduled illness.*
3. *A request for any district medical leave must include a physician statement that details the nature of the disability or illness, along with an anticipated duration for leave.*
4. *Under maternity leave or adoption leave, the start date for a leave request will be adjusted to correspond with the birth or adoption of the child.*
5. *Prior to an anticipated return from leave the employee must submit to Payroll/Benefits Office a physician's release that certifies the employee's ability to perform the essential job functions of their assigned position.*
6. *Temporary Disability and Assault Leave are approved in maximum increments of 30 days. Recertification through a physician is required in 30-day intervals.*
7. *Family Medical Leave may include maternity leave, temporary disability, immediate family critical care, and childcare/adoption. FMLA runs concurrent with all district leave offered including any paid leave accrued.*
8. *Catastrophic Leave Bank days may be requested to gain an additional 25 paid days for a catastrophic illness if you are a member of the Catastrophic Leave Bank. The approval for use of catastrophic pay is determined by a committee of your peers. Information to request Catastrophic Leave Bank days can be obtain on the district intranet or the Manor ISD Payroll/Benefits webpage.*
9. *For specific information on the impact of a leave of absence on your salary or benefits, the employee should contact the Payroll/Benefits Office. This should be done once the leave of absence is approved.*
10. *A request for Military leave must include official orders with anticipated duration of leave.*
11. *A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Forms of documentation needed could be:*
 - *A copy of the covered military member's active duty orders*
 - *Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation.*
 - *Meeting announcement for informational briefings sponsored by the military*
 - *A document confirming an appointment with a counselor or school official, or a copy of a bill for services for handling legal or financial affairs.*