

**REDFORD UNION SCHOOLS  
LEAVE OF ABSENCE REQUEST FORM**

*(All requests for leaves must be submitted to the Human Resources Department)*

I hereby request a leave of absence in accordance with Board policy and/or applicable collective bargaining agreement.

Name	
Bargaining Unit	
Classification	
Location	
Seniority Date	
Last Day Worked	
Return to Work Date	
Leave Day Balance	

**LEAVE DAY BALANCE**

<input type="checkbox"/>	Deduct days from my leave day balance	Number of Days to be Deducted
<input type="checkbox"/>	DO NOT deduct days from my leave day balance	

**LEAVE CATEGORY**

	Type of Leave Requested (Please check one)	Dates of Leave		No. of Days
		Start Date	End Date	
<input type="checkbox"/>	Health Leave			
<input type="checkbox"/>	FMLA (12 weeks) (Full-time employees)			
<input type="checkbox"/>	Childcare			
<input type="checkbox"/>	Emergency			
<input type="checkbox"/>	Professional Growth			
<input type="checkbox"/>	Personal Leave			
<input type="checkbox"/>	Military			
<input type="checkbox"/>	Public Office			
<input type="checkbox"/>	Sabbatical			

**Reason for Request:**

**Reason for FMLA Request:**

Birth of my child and/or to care for the newborn child. Date of birth: \_\_\_\_\_

Placement of child with me for adoption or foster care. Date of placement: \_\_\_\_\_

To care for my family member (spouse, child, or parent) with a serious health condition.

My own serious health condition (see attached).

*Please submit a statement from your physician if the leave request is related to a medical condition for yourself or a family member. Statement should include the medical reason a leave is necessary and the anticipated date the leave is required, including an anticipated date you can return to work.*

Employee Signature:	Date:
Building Administrator Approval:	Date:
Human Resources Approval:	Date: