Leave Request Form and Instructions

1. Employee Must:

    a. Complete **Section I** (Employee Information).
    b. Notify Supervisor/Principal of anticipated absence.
    c. Have Medical Provider complete the enclosed Medical Certification. Ensure all fields are completed.
    d. Provide Verification of relationship, if applicable.

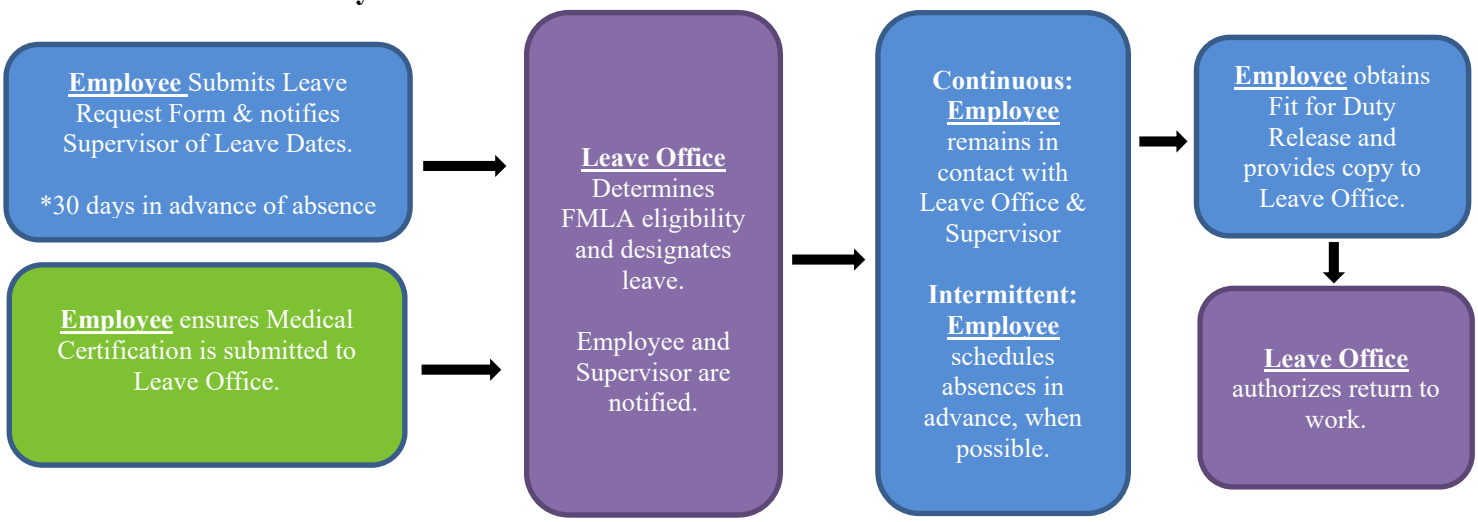
2. Return the completed and signed forms to the Leave Office. Faxes and emails are accepted. **DOCUMENTS MUST BE SUBMITTED 30 DAYS PRIOR TO SCHEDULED LEAVE AND WITHIN 15 DAYS OF UNFORESEEN events.**

3. For personal illness/injury, to receive compensation employee must file a short term disability claim. Call (877) 932-7287.

4. **Before returning to work, the employee must furnish the Leave Office with a signed release from the Health Care Provider, certifying that the employee is fit for duty. The employee may also want to make sure their TimeKeeper is aware of his/her return.**

5. **Section II (Office Use Only)** – This section will be completed by the Leave Office. A copy of the form will be provided to you and your Supervisor/Principal outlining details of your Leave.

Leave Process Summary:



PLEASE NOTE: HEALTH INSURANCE and LEAVE – Your insurance benefits are affected based on the type of approved leave. During Leave with Pay, your eligibility and premium deductions will continue. If your check is reduced, and benefits cannot be fully deducted, you must make payment directly to the Benefits Office. Failure to pay will result in termination of coverage. During Leave Without Pay-FMLA Approved, you are eligible to continue your benefits, BUT you must pay your portion of premiums directly to the Benefits Office. If Leave Without Pay-Non-FMLA, you are not eligible for benefits and all existing coverages will cease at the end of the month in which your leave without pay begins.

Contact the Leave office with any questions and/or concerns at:

Email: leaveoffice@austinisd.org **Phone Number:** (512) 414-2297 **Fax Number:** (512) 414-9976

AISD LEAVE REQUEST FORM

Leave is designated in accordance with Board Policy, DEC(LOCAL). All AISD employees are subject to District policies, and, under Board Policy BF (Local), the Board may adopt policies at any time of the year. If an employee's leave is scheduled to begin after the Board adopts policy changes, the leave will be subject to the new policy changes.

SECTION I: TO BE COMPLETED BY EMPLOYEE

Name: Thomas Curry Employee ID: E175072

Location/School: LBJ Early College Position: Spanish Teacher

Home Address: 1112 Autumn Sage Way City: Pflugerville Zip: 78660

Home/Cell Phone: 5129228214 Personal Email: thomas.curry4u@yahoo.com

Preferred Contact Method: ☐ **Phone** ☐ **Personal Email** **Preferred Language:** ☐ **English** ☐ **Spanish**

Beginning Date of Absence: 01/19/2021 Anticipated Return to Work Date: 01/20/2021

If you are requesting leave for your own medical condition, please indicate how you would like to use your available leave:

☐ Use ALL ☑ Use only during STD Waiting Period **AND** Parenting Leave

DISTRICT ASSUMES ALL LEAVE WILL BE USED, IF A SELECTION IS NOT MADE. CHANGES CANNOT BE MADE AFTER LEAVE IS PROCESSED.

Employee Signature: _____ Date: 01/19/2021

SECTION II: TO BE COMPLETED BY BENEFITS OFFICE

NOTE: The following information is subject to change based on the certification of the Health Care Provider and/or other circumstances.

☐ **REQUEST APPROVED:** _____

☐ **REQUEST NOT APPROVED:** _____

Eligible for FMLA:	
☐ **YES**	☐ **NO**

DATES ON FAMILY MEDICAL LEAVE (FMLA): From _____ Through _____

INTERMITTENT: ☐ YES ☐ NO **FMLA EXHAUSTION DATE:** _____

Health Insurance: Your benefits terminate at the end of the month when your FMLA exhausts and/or when your leave enters an unpaid status. Call our office with questions at (512) 414-2297.

AISD Years of Service (at the end of prior school year): _____ Leave Balance as of: _____

Available Leave Days:

Accrued Leave _____ SLB (if applicable) _____ Extended Leave _____ Parenting Leave _____

DATES ON LEAVE WITH FULL PAY: From _____ Through _____

DATES ON LEAVE WITH **PARTIAL PAY**: From _____ Through _____

DATES ON LEAVE **WITHOUT PAY**: From _____ Through _____

ANTICIPATED RETURN TO WORK DATE: _____ ☐ UPDATE: _____

A FIT FOR DUTY RELEASE WILL BE REQUIRED PRIOR TO RETURNING TO WORK: ☐ YES ☐ NO ☐ ON FILE

Leave Office Signature: _____ Date: _____