



## MHERST EXEMPTED VILLAGE SCHOOLS LEAVE OF ABSENCE REQUEST FORM

### SECTION 1 – Employee

Last Name:	First Name:	Hire Date:
Address:		SS# (Last 4 digits):
Phone (h):	Phone (w):	Phone (m):
Job Title:	Department:	Building:

### SECTION 2 – Types of Leave

<b>FMLA Leaves (check one):</b>			
Eligibility:			
1) Employees must have worked for at least 1250 hours during the twelve (12) month period prior to leave.			
2) Employees must have been employed for at least twelve (12) months (does not have to be consecutive).			
<input type="checkbox"/>	Personal Illness	<input type="checkbox"/>	Adoption or Placement of Foster Child
<input type="checkbox"/>	Child/Spouse/Parent Illness	<input type="checkbox"/>	Military Family Leave
<input type="checkbox"/>	Birth of Child	<input type="checkbox"/>	FMLA does NOT apply to this leave
<b>Other Leaves of Absence (check one):</b>			
<input type="checkbox"/>	Medical (including Maternity)	<input type="checkbox"/>	Military
<input type="checkbox"/>		<input type="checkbox"/>	Other:

### SECTION 3 – Length of Leave

Estimated Leave Beginning Date:	Estimated Leave End Date:
<b>If this Leave is a Family Medical Leave –</b>	
1) Have you had absences counted towards your FMLA entitlement in the past 12 months? Please circle <b>YES</b> or <b>NO</b>	
2) Will this leave be taken on an intermittent basis? Please circle <b>YES</b> or <b>NO</b>	

\*Employees will be required to furnish appropriate required documentation, based on the type of leave requested.

I understand that failure to return to work on the date specified, without prior written authorization, or that misrepresentation of facts on this form will jeopardize my reinstatement as an AEVS employee. I also understand that if I do not return to work after the leave, AEVS may recover payments for health insurance made by AEVS during my leave of absence.	
Employee Signature:	Date:
Received in Treasurer's Office on:	By: