



# Belding Area Schools

The right size. The right choice.

## LONG TERM LEAVE OF ABSENCE REQUEST & APPROVAL FORM

Fill out this form when you are requesting a leave of absence five days or more. Please obtain the signature of your supervisor before giving it to the superintendent for approval.

**TO BE COMPLETED BY THE EMPLOYEE:** Date: \_\_\_\_\_

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Reason for Leave Request:

_____	Maternity	_____	FMLA Leave
_____	Personal Illness		
_____	Family Illness	_____	Other: _____
_____	Vacation		

Date Leave to Begin: \_\_\_\_\_ Date Employee Will Return: \_\_\_\_\_

Is this a paid or unpaid leave? \_\_\_\_\_  
(paid based on accrued hours available)

**If you have a doctor's statement for a medical leave, please attach it to this form.**

\_\_\_\_\_  
Employee Signature

**LEAVE OF ABSENCE REQUEST APPROVED BY:**

\_\_\_\_\_  
Signature of Employee's Supervisor

\_\_\_\_\_  
Date

**SUPERINTENDENT'S APPROVAL:**

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date