

# Request for Leave of Absence

ADVANCE NOTICE REQUIRED



Radnor Township School District • Office of Human Resources

Employee Section (Please print clearly)		
Name:	Position:	Dept/Bldg:
Address:		
Telephone:	Email:	
Duration and Purpose of Leave (If more space is needed, please attach an additional sheet of paper to this form)		
Leave Start Date:	Return to Work Date:	
<input type="checkbox"/> Compensated Professional Development Leave (Professional Employees Only) Attach <b>Compensated Leave for Professional Development form</b>		
<input type="checkbox"/> Sabbatical – restoration of your health* (Professional Employees Only)		
<input type="checkbox"/> FMLA: Must meet eligibility requirements – minimum 1250 hours worked in the 12 months immediately preceding commencement of the leave. If eligible, you will be provided FMLA forms to be completed by the treating physician. <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent Request is for <input type="checkbox"/> My serious health condition <input type="checkbox"/> Family member's serious health condition		
<input type="checkbox"/> Medical – restoration of your health*	<input type="checkbox"/> Childrearing*	<input type="checkbox"/> To care for a family member* Specify relationship:
<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Military (attach orders)	
Employee's Supporting Statement:		
*Requires supporting statement and recommendation from your physician or, in the case of a family member, a like statement from their physician. Additionally, Sabbaticals require a physician's statement at the mid-point of the leave and at least 30 days prior to the conclusion of the leave, evaluating the employee's status relative to his/her ability to return to employment.		
Compensable Leave Time to be used**		
<input type="checkbox"/> Sick	<input type="checkbox"/> Personal	<input type="checkbox"/> Vacation
**Leaves for restoration of your health (exclusive of Sabbatical) require use of all available sick leave. Use of sick leave for childrearing or to care for a family member is subject to the limitations of your respective Collective Bargaining Agreement. Use of sick leave for non-medical purposes will not be approved.		
You may be required to exhaust available leave time prior to commencement of an unpaid leave, subject to School Board Policy and/or Collective Bargaining Unit language. Your leave determination notice will include this information.		
Agreement and Signature		
I attest that the information I have provided on this form is complete, true and accurate. By signing below, I understand and agree that I must provide all required documents for the requested leave.		
Signature:	Date:	
For Human Resources Office Use Only		
Date received:	Date presented to the Board:	
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:		
Authorized Signature:	Date:	