



The
Best District
to Learn, Work and Lead

10850 East Woodmen Road • Peyton, CO 80831
Tel: 719.495.1100 • Fax: 719.494.8900

Leave of Absence Application

(Please forward to Human Resources)

Name: _____

Employee ID # (found on badge) _____

Personal Phone: _____

Personal Email: _____

Job Title: _____

Work Location: _____

Type of Leave: ☐ Maternity/Paternity ☐ Medical ☐ Bereavement ☐ Military ☐ Professional Study ☐ Civic Duty
☐ Personal (justification required) ☐ Other (please specify): _____

Please note that additional justification is required for ALL types of leave requests – to be submitted along with completed leave of absence application

I am requesting the following days out:

Start date*: _____ Anticipated date of return*: _____

(*dates may be modified with proper verification)

Reason for Leave of Absence:

☐ The birth of a child, or the placement of a child with you for adoption or foster care (please submit court orders or foster care agency documentation)

☐ A serious health condition that makes you unable to perform the essential functions of your job (please submit doctor's order – NOTE: additional medical certification forms will be sent to you for your provider to complete)

☐ A serious health condition affecting your ☐ Spouse*; ☐ Child*; ☐ Parent*; ☐ Civil or Domestic Partner* (*verification of relationship status may be required) ☐ Other _____ for whom you are needed to provide care for (please submit doctor's order – NOTE: additional medical certification forms will be sent to you for your provider to complete)

☐ Bereavement – please indicate the relationship for whom the bereavement leave is necessary: _____

☐ Military leave (please submit military orders substantiating need for leave)

☐ Full-time leave for professional study – please submit timeline indicating when course(s) will be complete. Upon return to work, please submit professional development documentation substantiating the leave – verification may include plane tickets, brochures of conferences, papers written, etc.

☐ Civic Duty – please provide a copy of jury summons or court ordered subpoena (if being paid by the court you are required to sign over payment to District 49 or take unpaid leave)

☐ Leave for personal reasons – please attach justification for leave



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Employee Statement:

I am requesting a leave of absence. A leave of absence may include paid time as well as unpaid time. I understand that it is my responsibility to report days missed for the duration of my leave. If I am unable to return to work on the date stated in Section A, I will apply for an extension to my leave of absence.

I understand that if I have requested any type of medical related leave of absence (maternity/general medical leave) and am released to work with any type of restrictions, these restrictions must be reviewed for approval prior to my return to work. Additionally I fully understand that prior to returning to work, a medical release whether with or without restrictions must be received in Human Resources for review. This release must be received no later than two (2) working days prior to my anticipated return to work date.¹

I understand that if I feel that my leave would be eligible for catastrophic sick bank reimbursement, and I am an active member in the catastrophic leave bank, that I must make separate application and complete a HIPAA release form for consideration of catastrophic leave bank reimbursement of my docked days. For further information regarding the catastrophic leave bank, please contact Human Resources at 719-495-1156.

I understand that while out on leave, I am not eligible to participate in any district-paid activities including but not limited to: coaching, substitute teaching, tutoring, etc.

I understand that changes made to my salary to prorate and/or adjust pay to cover missed, unpaid days of work may result in a recalculation of my creditable service with PERA upon separation and request for reimbursement of my PERA account or upon my request for retirement from PERA. It is ultimately my responsibility to contact PERA directly to find out how this may impact my PERA account.

I understand that my leave may be governed by the Family and Medical Leave Act of 1993, CO Family Care Act, District Board Policy or a combination. Board policies may be found on the District's website.

My signature below indicates I am applying for a leave of absence. I have read the employee statement and understand my responsibilities.

I fully understand that a request for leave must be approved by the Human Resources Department and in some instances my supervisor and the Board of Education.

Employee
Signature _____ Date _____

Supervisor *acknowledgement* of leave of absence request
(Separate notification will be provided when supervisor approval is required)

Supervisor or Principal
Signature _____ Date _____

Revised 07/15/2020