



## Request for Leave Bank Assistance

**Instructions:** The requesting employee should complete this form in consultation with their Human Resources Representative. The Human Resources Representative will submit this form to the appropriate levels of approval for the leave being requested.

Employee Name: \_\_\_\_\_ EIN: \_\_\_\_\_

### • Current Leave Balances •

Date: \_\_\_\_\_ Total of Leave Balances: \_\_\_\_\_

Annual: \_\_\_\_\_ Sick: \_\_\_\_\_ Comp: \_\_\_\_\_ Excess: \_\_\_\_\_ Other: \_\_\_\_\_

### • Leave Request •

Start Date of Request: \_\_\_\_\_ End Date of Request: \_\_\_\_\_

Full time or Part time: \_\_\_\_\_ Estimated Hours Requested: \_\_\_\_\_

### • Employee Acknowledgements •

\_\_\_\_\_ Facts that support my application for leave bank assistance are included with this request. This documentation can include an FMLA Certification form and/or FMLA Application, or comparable medical documentation if not eligible for FMLA.

\_\_\_\_\_ I understand that I will be required to use FMLA in conjunction with any leave bank assistance that may be approved (if eligible).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### • Approvals •

Human Resources Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Recommend Approval: \_\_\_\_\_ Recommend Denial: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Recommend Approval: \_\_\_\_\_ Recommend Denial: \_\_\_\_\_

Superintendent or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Final Approval: \_\_\_\_\_ Final Denial: \_\_\_\_\_