

# ***EMERGENCY LEAVE APPLICATION***

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

City

Zip Code

Location (school): \_\_\_\_\_ Position \_\_\_\_\_

If Teacher, Grade and/or Subject: \_\_\_\_\_

Reason for leave: \_\_\_\_\_

\_\_\_\_\_

Last Date You Will Work: \_\_\_\_\_

Effective Date of Emergency Leave: \_\_\_\_\_

Date You Will Return to Work: \_\_\_\_\_

Balance of Accumulated Sick Days: \_\_\_\_\_

(contact Dena Louviere/ Ext. 4189 for this info)

Signature of Employee: \_\_\_\_\_

Date requested: \_\_\_\_\_

Signature of Human Resource Director: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

**A physician's statement must be attached to medical leaves. A Return to Work Release form must be obtained from Personnel Office and completed prior to returning to work after your doctor has officially given you a written release.**