

ANACORTES SCHOOL DISTRICT #103

Form No. 5404-F-1
Personnel

ANACORTES SCHOOL DISTRICT APPLICATION FOR LEAVE OF ABSENCE

Please read the attachment to this form for guidelines. Please use an ink pen to complete.

Name _____ Date _____ Soc. Sec. Number _____ Department/Building _____

NOTE: Many of the following questions may appear personal, but these questions are required by law in order to determine your legal rights as to the requested leave.

I AM REQUESTING:

A. _____ Medical leave due to health condition of (if checked, also check one of the numbers listed below and fill our "Medical Leave Only" box on the next page):

- 1. _____ Myself/pregnancy
- 2. _____ Myself
- 3. _____ My spouse
- 4. _____ My son or daughter
- 5. _____ My mother or father
- 6. _____ My seriously ill minor child

B. _____ Parental leave to be with newborn or newly placed adopted or foster child (if checked, fill out "Parental Leave Only" box on the next page)

Have you taken any of the above types of leave in the last 12 months? Yes _____ No _____

If yes, which type? _____

Approximate dates of prior leave: _____

Leave to begin: _____ Last day to be worked: _____ Expected return: _____

I am aware that the District will apply accrued but unused sick leave, personal leave, and vacation time to this leave request.

Additional information/comments: _____



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MEDICAL LEAVE ONLY (answer all items):

1. What is the health condition? _____
2. What is the purpose of the leave? _____
3. Date the condition began: _____
4. Date the condition is expected to end: _____
5. Has the condition prevented (or will the condition prevent) regular activities such as school or work? _____ Yes _____ No _____ If yes, for how many days? _____
6. Is inpatient hospitalization for the condition required? Yes _____ No _____
7. Name of your doctor/health care provider: _____
8. Has your health care provider prescribed further treatment? Yes _____ No _____
9. Anticipated number of visits to your health care provider for this condition: _____
10. Date you learned of the need for the leave: _____
11. If the medical leave is for yourself, are you unable to work or to perform essential functions of your job? Yes _____ No _____
12. If the medical leave is due to a son's or daughter's medical condition, what is his/her age? _____
13. If the medical leave is due to a son's or daughter's medical condition, is he or she capable of self-care? Yes _____ No _____ If no, why not? _____

PARENTAL LEAVE ONLY (answer all items):

1. Care of a newborn son or daughter? Yes _____ No _____
If yes, anticipated date of birth: _____
2. Placement of an adopted child? Yes _____ No _____ If yes, date of birth: _____
3. Placement of a foster child? Yes _____ No _____ If yes, date of birth: _____
4. Will the other parent take any leave time for care of the same child? Yes _____ No _____
5. Is the other employed by the school district? Yes _____ No _____ If yes, are you and the other parent husband and wife? Yes _____ No _____
6. If the other parent requesting leave? Yes _____ No _____

