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| WARREN WOODS PUBLIC SCHOOLS  **Leave of Absence Request Form**  **Instructions for completing the Medical Leave of Absence Request Form**  Employee should complete this form and submit it to Human Resources within 30 days of anticipated need for leave. If the need for leave is unforeseen, the employee must provide notice as soon as practical. Completed forms should be sent to Jeanne Portalski in Human Resources either by secure fax at 586-353-0544, electronically to jportalski@mywwps.org, or delivered directly to the Administrative Service Center, Attention: Human Resources, 12900 Frazho, Warren, MI 48089 | | | | | | | | | | | | | |
| **Employee’s Full Name:** | | | | |  | | | | | | | |  |
| **Building/Department:** | | | | |  | | | | | | | |  |
|  |  | | | |  | |  | |  | | | |  |
| **REASON FOR REQUESTED LEAVE** | | | | | | |  | |  | | | |  |
|  |  | | | |  | |  | |  | | | |  |
|  |  | Employee’s own medical condition | | | | | | | | | | | |
|  |  | Birth of the employee’s child | | | | | | | | | | | |
|  |  | Placement of a child with employee for adoption or foster care | | | | | | | | | | | |
|  |  | To provide care for a qualifying family member with a serious medical condition | | | | | | | | | | | |
|  |  | Military Caregiver – to provide medical for a covered service member | | | | | | | | | | | |
|  |  | Military “Qualifying Exigency” related to military leave of an employee’s immediate family member | | | | | | | | | | | |
|  |  | Other – Describe: | | | |  | | | | | | | |
| **LEAVE DATES** (*Pleae give an estimate if you don’t have exact dates. This form may be used for both continuous and intermittent leaves)* | | | | | | | | | | | | | |
|  | **Request for leave beginning on:** | | | | | |  | | | | | |  |
|  | **Return from leave date:** | | | | | |  | | | | | |  |
|  | (approximate if necessary) | | | | | |  | |  | | | |  |
|  |  | | | | | | | |  | | | |  |
|  | **Requested intermittent or reduced work schedule:** | | | | | | | | | | | | |
| **CONTACT INFORMATION WHILE ON LEAVE** | | | | | | | | |  | | | |  |
| Home Phone: | | |  | | | | |  | Cell Phone: |  | | | |
| Home E-mail: | | |  | | | | |  |  | | | |  |
| Employee Signature | | | |  | | | | | | | Date: |  | |
| ***Next Steps***  Once this form is completed and sent to Human Resources, you will be provided paperwork indicating eligibility and instructions to complete the medical leave process. For more information on the process, you may contact Human Resources Department at 586-439-4457. | | | | | | | | | | | | | |