

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 (Please 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.