

NORTH HILLS SCHOOL DISTRICT

Leave of Absence Request

Please complete this form and return it to the Human Resources Office as soon as possible for approval of your Leave of Absence. If you are requesting an FMLA leave of absence, this form must be accompanied by a completed **Certification of Healthcare Provider**. This information will be kept confidential. Once completed, please send this form to Wendy Crawford in the Human Resources Officer via email at crawfordw@nhsd.net. Once reviewed, you will be notified in writing of your approval status.

Name: _____ Position: _____ Location: _____

Employee Group: _____ Type of Leave: _____

Reason: _____

Anticipated Effective Dates: _____ to _____ Return to Work Date: _____

Employee Signature: _____ Date: _____

Please review your applicable Collective Bargaining Agreement for detailed information regarding leaves of absence. If you have any questions or concerns, or would like to discuss the specifics of your leave of absence request, please feel free to contact us:

Human Resources

Wendy Crawford

p. 412.318.1065 e. crawfordw@nhsd.net f. 412.318.1038

Payroll

Tina Kirchner

p. 412.318.1025 e. kirchnert@nhsd.net f. 412.318.1084

Benefits

Ruth Schmidt

p. 412.318.1031 e. schmidtr@nhsd.net f. 412.318.1084

Internal Use Only

Date Leave Request Received: _____ Date Cert. of Healthcare Provider Received: _____

Substitute Needed: YES or NO Certification Area (if applicable): _____

Substitute Effective Dates: _____ Transition Dates: _____

Need Board Approval: YES or NO

APPROVED:

Superintendent

Date: _____