



**GARLAND INDEPENDENT SCHOOL DISTRICT
REQUEST FOR MEDICAL LEAVE OF ABSENCE**

Name _____ Employee # _____
Address _____ Home/Cell Number _____
City _____ Zip Code _____
Campus/Department _____ Position _____
Hire Date _____ Preferred Email _____
Beginning Date of Leave _____ Return to Work Date _____

Dates are: Actual Dates Estimated Dates Intermittent Leave

Check one Reason for Absence Documentation Required

Employee

- Employee Illness/Medical Leave** (for more than 5 consecutive work days)
Limited to medical leave for employee illness/surgery
FMLA guidelines apply and leave runs concurrent with other leave Doctor certification with applicable dates
- Maternity/Parental Leave**
FMLA guidelines apply and leave runs concurrent with other leave Doctor certification with applicable dates
- Adoption or Foster Care Placements**
FMLA guidelines apply and leave runs concurrent with other leave Note from appropriate agency
- Assault Leave** – FMLA guidelines & Workman’s Comp guidelines apply See Board Policy

Family Member Illness

- Family Medical Leave** (for more than 3 consecutive work days)
Limited to medical leave for illness within the employee’s family
(as defined by District Policy)
FMLA guidelines apply and leave runs concurrent with other leave Doctor certification with applicable dates
- Qualifying Exigency for Military Family Leave** Certification Form
- Serious Injury/Illness of Covered Service Member for Military Family Leave** Certification Form

Extended Leave

Local policy also provides a "safety net" of 30 days of Extended Leave after all other paid leave is exhausted to full-time employees. Less than full-time employees will be credited with extended leave based on the percent of time worked. Employees who have exhausted accumulated paid leave benefits may be granted Extended Leave as follows:

- Extended Leave will be applied automatically once all paid leave is exhausted. For an absence of more than 5 consecutive work days, a written request for extended leave with medical documentation must be submitted no later than two weeks after leave begins.
- Extended Leave shall be granted for personal or immediate family illness or injury, family emergency, or death in the immediate family.
- Extended Leave is partial pay leave. The cost of using Extended Leave is \$100.00 per day for professional employees or \$50.00 or ½ of the daily rate of pay for auxiliary and paraprofessional employees.
- Extended Leave shall not exceed a total of 30 days during employment in the district.

I choose to use ___all / or ___ days available of Extended Leave during this Absence Period.

Employee Signature: _____ **Date:** _____

----- For Office Use Only -----

Beginning: Local Leave Balance _____ State Personal Leave Balance _____ Extended Leave Balance _____

Eligible for FMLA Yes No Days Used: _____

Remaining: Local Leave Balance _____ State Personal Leave Balance _____ Extended Leave Balance _____