



Lapwai School District #341

P.O. Box 247
Lapwai, Idaho 83540 (208)843-2622
Fax (208)843-2910

EMPLOYEE REQUEST FOR LEAVE FORM

DATES OF LEAVE: _____

TYPE OF LEAVE

Please check the appropriate leave according to school policy:

- | | |
|---|-------------------------|
| _____ Sick Leave | _____ Jury Duty |
| _____ Personal Leave | _____ Leave Without Pay |
| _____ Bereavement Leave
Relationship:
_____ | _____ Vacation |
| | _____ FMLA |

Employee's Signature Date

Approved by: Date

SUBSTITUTE NEEDED: YES NO DATE(S) _____

Substitute (if applicable)



This request shall be maintained at the principal's and/or supervisor's office and a copy submitted to the district office with the Personnel Absence Report by the 15th of each month.

DISTRICT POLICY CODE 408.2: Personal leave shall be granted the professional employee. Days of personal leave are not accumulative from year to year and the employee cannot be reimbursed for unused days. Employees using their personal leave do not pay the cost of the substitute teacher. Except in cases of extreme emergency, the building principal or supervisor must be notified twenty-four (24) hours in advance that a staff member requires personal leave.

FMLA – Family Medical Leave Act provides job-protected leave to most eligible employees for certain family and medical related reasons if they have been employed with the District for at least one year and have worked at least 1250 hours over the previous twelve months. Please refer to your employee handbook for details. FMLA leave requests are required to be submitted in writing thirty (30) days in advance when leave is foreseeable. Reasonable effort must be made not to unduly disrupt school operations with foreseeable or elective medical treatment. Leave may be denied if requirements are not met.