

# Oak Park School District

## Leave of Absence ("LOA") Application

### Please Review before Completing this Application

By completing this LOA application, I hereby certify that I understand approval is subject to all relevant provisions contained in my Collective Bargaining Agreement or individual contract. When possible, this form should be submitted 30 days in advance of the leave date. Additionally,

1. This form must be submitted for all absences longer than three consecutive days, or for intermittent leave applications.
2. If the absence is for medical purposes for myself or my family member, a doctor's note is required.
3. Use of personal business days are limited to the number of days granted in the current school year, less days used to refund the Central Sick Bank for borrowed days.
4. Use of personal business days shall not be granted on the day before or after a holiday, or the 1<sup>st</sup> or last day of the school year, unless approved by the Superintendent.
5. Accumulated sick days may only be used for personal or family illness
6. Paid time off is required to be used concurrently with FMLA qualified leave days. Additional medical certification may be required for FMLA.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

School: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Status:     Teacher (Non-Probationary)                       Teacher (Probationary)  
               ParaEducator (Non-Probationary)                       ParaEducator (Probationary)  
               Administrator     Central Office / Independent

Type of Leave:     Personal Illness                       Family Illness                       Personal Business

Dates of Leave:    From: \_\_\_\_\_ Return Date: \_\_\_\_\_

Number of days off requested:                       Number of Accrued Leave Days:

Is any portion of leave unpaid?  Yes     No

If yes, will you apply to borrow days from the Central Sick Bank?  Yes, # of days      No

Notes/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

### *Central Office Use:*

Approved:     Denied:     Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Reason: \_\_\_\_\_