



Request for Taking Leave

Requirements and procedures for requesting and taking leave from the District are located on the Benefits web portal at <https://www.usd232.org/Page/5657>. Please complete this form, and email to mneill@usd232.org.

Name: _____
Print

Building: _____

Contact Information (☒ preferred method)

☐ Phone #: _____

☐ email: _____

☐ Personal Health

☐ Care of a Family Member

☐ Military Leave

☐ Worker's Compensation

☐ Maternity/Paternity

Other: _____

Leave start date: ____/____/____

How long do you anticipate being off? ____ ☐ days ☐ weeks

Do you need a long-term sub? yes no

If yes, is there someone you have already contacted: _____

Your employment records will be reviewed to verify the type of leave for which you are qualified. You will be notified by email or phone regarding the status of your request.

Leave applications and supporting medical certification must be provided within 15 days of receipt.

Employee's Signature

Date