



Ozark R-VI School District

Leave of Absence Request Form
FMLA and/or Short Term Disability

Employee Section: (Employee to complete this form and forward to Supervisor/Principal for signature then to HR) (Please Print)
Name: Date:
Home/Cell Phone: Supervisor/Principal: Building:
Home Street Address: City, State, Zip:

Please check ALL that apply to your leave of absence:

REASON FOR LEAVE OF ABSENCE

- Short Term Disability
FMLA (Also check reason below)
Sick (Own Serious Health Condition)
Maternity
Paternity
Call or Order to Active Military Leave
Service Member Family Leave (SMFL)
Medical (Family Member) Relationship /Child Date of Birth
Adoption/Foster Care

Have you taken a leave of absence for any reason between July 1 and June 30 of the prior school year or this school year? Yes No
If yes, indicate dates you were out:

LENGTH OF LEAVE OF ABSENCE

I am requesting to begin my leave of absence on (first day of missed work) / / (Any change, notify Human Resources)
Last Day at work before leave / /
Estimated Date of Return / / (Any change, notify Human Resources)

INTERMITTENT LEAVE/REDUCED SCHEDULE

Are you requesting an intermittent leave/reduced schedule? Yes No
If "yes", please list or attach a schedule of the anticipated dates you will be unavailable for work:

EXTENSION OF CURRENT LEAVE

Date Leave of Absence began: / / Date of Planned Return to Work: / /
Requesting extension until / /
(Medical Certification form must be completed when leave is for your illness or a family member)

CALL OR ORDER TO ACTIVE MILITARY LEAVE (This is for members within the National Guard or Reserves)

Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):
(If request is to meet with a third party, include the name, address and contact information of that party)

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available

ALL EMPLOYEES/SUPERVISORS

I understand that I may be required to submit medical updates to remain on a leave of absence.
I understand that I am responsible for the employee paid portions of my benefits during any period of unpaid leave.
I understand that if I wish to contribute to my retirement account with PSRS/PEERS during any period of unpaid leave that I am responsible for contacting Payroll.
I understand that I must submit a Return to Work Form prior to returning from a medical leave and must provide the Human Resources Department with a written medical clearance from my healthcare provider.
I understand that I will be required to use my paid leave before taking any unpaid leave.
I understand that I may not work in any capacity while on leave.
This form should be complete, submitted timely, and with supporting documentation if required. Failure to do so may result in denial of the leave request.

I certify that the information that I have provided above is true and correct.

Employee Signature Date

Supervisor Signature Date