

Waco Independent School District Extended Leave Notice

- This form must be submitted immediately for approval when an employee has an extended absence from duty.
- Absences of 5 or more consecutive days for personal illness or 3 or more days for family illness must have a medical certification from a health care practitioner attached. (see DEC Local)
- Employees reporting extended leave of more than 5 personal illness days or 3 family illness days must notify their supervisor immediately. The supervisor must provide Human Resources with this form within 24 hours once notified by the employee. In addition, the supervisor must give the employee a Medical Certification from Health Care Provider form (if able). **It is the employee's responsibility to provide Human Resources with the completed Medical Certification from Health Care Provider within 15 days of receipt.** Human Resources will notify the employee of his/her eligibility status for FMLA and/or Temporary Disability.
- Leave will be granted in accordance with board policy DEC.

Name: _____	Employee ID#: _____
Address: _____	City, State, Zip: _____
Position: _____	Campus/Department: _____
Home Phone: _____	2nd Phone Number: _____

Reason for Absence

Personal Illness

Specify nature of illness/injury: _____

Family Illness

Specify Relationship: ___ Spouse ___ Child ___ Parent

Specify nature of illness/injury for relative indicated above: _____

Indicate if applicable:
 ___ care of newborn after Maternity Leave
 ___ care of a new adopted child
 ___ care for new foster child

First Day Absent: _____ **Expected Date of Return:** _____

Employee Signature _____ **Date:** _____

As Supervisor, I _____, acknowledge that I have been notified by
 _____ phone _____ fax _____ e-mail of this employee's extended absence.

A supervisor may sign for the employee if notified by phone, fax, or other electronic means. Notice from a spokesperson representing the employee is acceptable when the employee's health condition prevents him/her from providing notice personally.

For Human Resources Use Only

Leave Status: Family Medical Leave _____ Eligible _____ Not Eligible
 Temporary Disability _____ Approved _____ Denied _____

Date Employee Notified: _____ Processed by: _____

WISD Leave Specialist