

**Romulus Community Schools  
Human Resource Office**

**Request for Leave of Absence – Form A**

Whenever possible, you must notify the RCS Human Resource Office, at least thirty (30) days prior to the commencement of your leave of absence. Extended leaves are those expected to last more than five (5) working days. Union contract and applicable Federal and State law govern these leaves. Your eligibility for leave will be determined after receiving this form and all relevant supporting documentation. Your leave will not be processed until complete. You will be notified of your leave status as soon as possible.

**Your Information – Please Print Legibly!**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City, State Zip \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Work Location: \_\_\_\_\_

**Select the Type of Leave You Are Requesting**

Select only one type of leave. These leaves require information that is requested below or documentation that must be attached to this form. All Step 3 FMLA forms are available in the Human Resource Office. All leaves require the forms indicated below.

	Type of Leave	Required Documentation	
	STEP 1 Select ONE Type of Leave	STEP 2 Complete and Return These Forms to HR for Step 3 (available on website)	STEP 3 Add't Documentation Required (HR provides upon completion of Step 2)
<input type="checkbox"/>	Medical Leave – Continuous for Illness in the Immediate Family	Request for Leave of Absence – FORM A & Employee Permission – FORM B	FMLA Form WH-380-F Care of Family Member
<input type="checkbox"/>	Medical Leave – Continuous for Self	Request for Leave of Absence – FORM A & Employee Permission – FORM B	FMLA Form WH-380-E Employee Illness
<input type="checkbox"/>	Medical Leave – Intermittent for Self or Immediate Family	Request for Leave of Absence – FORM A & Employee Permission – FORM B <b>OR</b> Request for Leave of Absence – FORM A & Employee Permission – FORM B	FMLA Form WH-380-E Employee Illness  FMLA Form WH-380-F Care of Family Member
<input type="checkbox"/>	Military Family Leave – Injury or Illness	Request for Leave of Absence – FORM A & Employee Permission – FORM B	FMLA Form WH-385 Injury or Illness of Covered Service Member
<input type="checkbox"/>	Military Family Leave – Qualifying Exigency	Request for Leave of Absence – FORM A	FMLA Form WH-384 Qualifying Exigency – Military
<input type="checkbox"/>	Military Service Leave	Attach military orders or commander's letter.	n/a
<input type="checkbox"/>	Parental Leave – Non-Birth Only	Attach legal documentation of adoption or foster care placement.	n/a
<input type="checkbox"/>	Parental Leave - Birth of Child	Request for Leave of Absence – FORM A & Employee Permission – FORM B	FMLA Form WH-380-E Employee Illness
<input type="checkbox"/>	Personal Leave of Absence	Request for Personal Leave – Statement Page	n/a

**Designate the Period of Leave Requested**

Requested Leave Start Date: \_\_\_\_\_

Expected Leave End Date: \_\_\_\_\_

**Regarding the Use of Available Paid Leave**

Please refer to applicable Collective Bargaining Agreement and/or Human Resource Office regarding the use of available paid leave. **For approved FMLA Leave** the district will exhaust all your available leave balances. Your available leave will be used in this order: sick leave, personal days, and vacation leave. **After these accruals are exhausted, the remainder of your leave will be unpaid.** Employees on a leave of absence beyond FMLA Allotment including applicable unpaid leaves may continue current insurance programs by payment of 100% of the premium through COBRA Rights.

**Employee Signature**

Return indicated STEP 2 forms to the Human Resource Office. You will be given the appropriate STEP 3 documentation in HR.

\_\_\_\_\_  
Employee Signature Date

**\*\*OFFICE USE ONLY \*\***

Approved – Comments: \_\_\_\_\_

Denied – Comments: \_\_\_\_\_

\_\_\_\_\_  
Director of Human Resources Date