

Chippewa Falls Area Unified School District Personal Leave of Absence Request

Instructions: This form is to be completed by an employee for any personal leave request and in the event that they do not qualify or have exhausted a Family Medical Leave of Absence. Once complete, the form should be forwarded to their Supervisor and then to the Human Resources Department for approval. Once approved, the employee will be notified and copies will be supplied.

All Personal leaves exceeding 30 days must be board approved.

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Employee Name		Employee's Position		Employee's Supervisor	
		I	_		
Start Date of Leave:			End Date of Leave:		
			•		
Reason Requesting Leave of Absence					
Explain:					
Please designate the time off accruals you wish to use during your personal leave. Please note that all					
paid time off must be used before you can use time off without pay.					
Siek Leeve Total Number	Doro	anal DayTatal	Vesetion De		Unneid Dave
Sick Leave Total Number Days/Hours: (may ONLY be used if the absence reason qualifies under FMLA)	Personal DayTotal Number Days/Hours		Vacation Da	lys	Unpaid Days
I, the undersigned, am requisituation does not qualify for approval for my Leave of Absonce exceeds 30 days I benefits.	r a Family osence. I y return to	Medical Leave of also understand to my current position my current position.	f Absence and that the approval of my l ion at the conclusion	due to thi Personal I n of my le	s, I am not guaranteed Leave of Absence does not ave. If my Leave of
Employee:					
Supervisor:					
Director of Human Resource	ces:				