Houston ISD Absence Management
LEAVE OF ABSENCE APPLICATION FORM

Section A - TO BE COMPLETED BY EMPLOYEE

Employee Name (First, MI, Last) Employee ID:

Employee Phone Number Home: ( ) Work: ( )

Patient's Relationship To Employee (FMLA and State Leave Requests Only)

☐ Self ☐ Spouse ☐ Same-Gender Spouse ☐ Parent ☐ Child - *Child's Birth Date:* _____

☐ Domestic or Civil Union Partner ☐Other: _____

Employee's Home Street Address	City	State	Zip

Leave Request: (e.g. 01/31/2017)	Last Day Worked:	Intermittent Leave
From to		☐ No ☐ Yes

Reason for Employee Leave: (If leave is for a family member, explain the care you will provide. If "in loco parentis" status applies, please explain your relationship to the person needing care. "In loco parentis" refers to someone with day-to-day responsibilities to care for and financially support a child, or a person who had such responsibility for the employee when the employee was a child.)

- I have received and read the Family and Medical Leave Act Notice included in this packet of information.
- I have read the Houston ISD policies specific to my leave.
- I understand I have 15 days to submit FMLA forms for review.
- I understand my failure to complete any of the required forms within the specified timeframes above may result in the denial of my leave and discontinuation of pay.
- I understand a Fitness for Duty Certification form, if applicable, that includes job restrictions and requests for accommodations must be completed and submitted to Houston ISD Absence Management prior to my return to active work.
- I understand failure to return to work or to keep my Manager, HR Representative and Houston ISD Absence Management informed of my return to work may constitute job abandonment and lead to termination of my employment with Houston ISD.
- I hereby authorize our District's healthcare provider representative to contact me or my family member's treating healthcare provider for purposes of clarification and authenticity of the medical certification if applicable.

EMPLOYEE'S SIGNATURE (Must Sign to Proceed with Leave Request)	**DATE (e.g. MM/DD/YYYY)**

Houston ISD Absence Management
PO Box 1806
Alpharetta, GA 30023-1806
Phone: 1-877-780-4473
FAX: 1-866-568-6444