

EXHIBIT PROFESSIONAL / SUPPORT STAFF VOLUNTARY TRANSFER OF ACCRUED ANNUAL OR STRAIGHT LEAVE

TRANSFER OF LEAVE REQUEST FORM

Name _____

Date of Application _____

Mailing Address _____
Street or Box Number City State Zip

() _____
Home Phone Number Work Location Job Title

Submit this request form to the Superintendent of Schools at least ten (10) days before the leave is to commence, when practicable. Use of the transferred leave counts towards FMLA leave used by employees.

For determination of eligibility, please answer each of the following questions. Put an (x) in the appropriate response column.

YES/NO

- Is this your first claim for this particular condition?
- Have you exhausted all earned/accrued leave of any nature or kind including compensatory time?
- Have you attached to this application a signed STATEMENT OF A HEALTH CARE PROFESSIONAL verifying this condition?

By my signature below I give permission to the district to use my name and employment information in requesting transfer of leave donations.

In addition to the statement provided by my health care professional, I also agree to submit to an examination by a health care provider of the School Board's choice, if requested to do so, at the school district's expense.

Signature Employee

Signature if Employee unable to sign Administrator

DATES OF TRANSFERRED LEAVE REQUESTED:

I request leave from _____ to _____

I request a reduced schedule on the following dates _____

I request intermittent leave according to the following schedule _____

The total number of days of Transferred Leave that I request is _____

EMPLOYEE STATEMENT:

I agree to return to work on _____. If circumstances change such that I will not be able to return to work on that date, I agree to notify my supervisor within two days with updated leave information and will submit an updated health care professional's statement to the Leave Administrator.

Signature _____ Date _____

TO BE COMPLETED BY THE TRANSFER LEAVE ADMINISTRATOR

Prior transfer leave request confirmed by date _____

Leave is Approved Denied for the following reason(s): _____

Administrator Signature

Date