File: GBC-E-1

**STAFF LEAVE REQUEST FORM**

**There are four steps in applying for a leave:**

1. Check the Staff Member Leave Policy GBC to be sure your leave is consistent with the “Staff Leave” guidelines.
2. Contact your supervisor to discuss your request for leave.
3. Contact Human Resources to receive information regarding this requested leave.
4. Completed form and documentation should be submitted to Human Resources at least 30 days prior to the requested leave when possible.

**Last Name First Name MI Date**

**Home Street Address City State Zip**

**Best Contact Phone Number Home Email**

**Work Location(s) Position(s)**

***Not all leaves are eligible for some or all available staff or vacation leave balances. Leaves may be approved for up to one year regardless of leave balances.***

**Maternity Leave** *(Written request must be provided to Human Resources)*

**Reason:** Pregnancy

Approximate Dates From: To:

**Paternal Leave** *(Written request must be provided to Human Resources)*

**Reason:** Child Rearing Adoption Childcare (post 6 weeks birth or adoption)

Approximate Dates From: To:

**Emergency Medical Leave** *(GBC-E-2 must be included)*

***Employee must be cleared by written statement by attending physician prior to returning to work. Any restrictions indicated by the health care provider must be reviewed by Human Resources.***

**Reason:** Personal Injury Personal Illness Personal Surgery

Approximate Dates From: To:

**Critical Illness or Injury of a Family Member Leave**

***Eligible employees may apply for critical illness or injury of a family member leave for up to one year.***

**Reason:** Family Member Illness Family Member Injury

Approximate Dates From: To:

**Teacher Exchange Leave (up to one (1) year)**

* The applying staff member must have been employed in the district for at least five (5) consecutive years.
* Application shall be made to Human Resources no later than February 1 of the preceding school year of the requested leave. For assignments in the southern hemisphere the deadline for application shall be August 1 of the preceding year.
* The written request must include documentation of addressing the resulting benefit for the school district.

Approximate Dates From: To:

­ **Higher Risk Population Unpaid Leave**

* A completed Woodland Park School District Re-2 Health Care Provider’s Statement GBC-E-2 must be attached.
* Staff members may request or be directed to return from Higher Risk Population Leave through their supervisor and Human Resources should conditions change allowing them to return to work.
* The district will monitor changes to the Colorado Governor’s Executive Orders that may be enacted throughout the year.

*Protected staff members may include the following:*

* Individuals who are 65 years and older;
* Individuals with chronic lung disease or moderate to severe asthma;
* Individuals who have serious heart conditions;
* Individuals who are immunocompromised; Pregnant women; and
* Individuals determined to be high risk by a licensed healthcare provider.

*I am requesting a leave because (both must apply):* ­

* My work requires in-person essential work near others and cannot be completed remotely; and ­
* I am identified as a member of a higher risk population as listed above.

**Approximate Dates** From: To:

­ **Other COVID-19 Related Unpaid Leave**

* A letter explaining reasons must be attached.
* Irrevocable through June 30, 2021; may not return to work for the remainder of the 2020-21 school year.
* No guarantee of return to the same work duties, assignment, or school/department.

**Approximate Dates** From: To: June 30, 2022

**\* Your leave request may qualify you for specific benefits under the Family and Medical Leave Act (FMLA). A final determination of FMLA qualification will be made after review of your completed Leave Request Form and Health Care Provider’s Statement.**

**The signatories below certify that this leave request is in accordance with Woodland Park School District Staff Leave Policy and Procedure.**

Staff Member’s Signature Date

Principal/Supervisor’s Signature Date

Review/Approval by Director for Human Resources Date