



**L'ANSE CREUSE PUBLIC SCHOOLS**  
**LEAVE OF ABSENCE REQUEST FORM**  
To be used for long-term leave of two weeks or more

Personnel – Benefits Office  
 36727 Jefferson  
 Harrison Township, MI 48045  
 Phone (586) 783-6300 Ext 1216  
 Fax (586) 783-6311

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Building/Position \_\_\_\_\_

First Date Off Work \_\_\_\_\_ First Date Back to Work \_\_\_\_\_

Email Address: \_\_\_\_\_

**Purpose of Leave:** (Do not provide personal medical information on this form.)  
 \_\_\_\_\_

**Type of Leave Requested:**  
 Unpaid Personal Leave of Absence  
 Unpaid Sick Leave of Absence with medical documentation  
 Paid Sick Leave of Absence with medical documentation  
 Family Medical Leave of Absence with documentation\*  
 Other (Please specify) \_\_\_\_\_

**\*If applying for the Family Medical Leave Act of 1993 (FMLA) please answer the following:**  
  
 Have you worked for the LCPS for at least the previous 12 months **AND** worked more than 1,250 hours during that time? (184 Days x 7 hrs. = 1288 hrs.)  
  
 Does your leave fall into any of these categories? 1. Birth of a child/adoption, 2. Care for spouse, child or parent with serious health issue, 3. Your own serious health concern.  
  
 If YES to all, please complete the back of this form.

**Certification:** I certify that the leave of absence requested above is for the purpose(s) indicated. I understand that I must comply with my employer's procedures for requesting a leave of absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action up to and including dismissal.

**Required signatures**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*RETURN TO PERSONNEL OFFICE WHEN COMPLETED*

Personnel Office: \_\_\_\_\_ Date: \_\_\_\_\_

This leave of absence is:  Approved  Denied Teacher Seniority Adjustment \_\_\_\_\_ Days.

**Copies to:** Personnel Office, Benefits Office, Payroll, Supervisor, and Employee