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Division of Human Resources

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www.bvsd.org

TODAY'S DATE: _____

Name _____

Address _____ City/Zip _____

Phone # _____ FTE _____

Present Position _____ Location _____
(if licensed employee include grade level or subject area)

You are notifying us that you need this leave beginning on _____
and that you expect to return from leave on or about _____.

You are requesting a leave of absence due to:

_____ The birth of a child, or the placement of a child with you for adoption or foster care.*

_____ A serious health condition that makes you unable to perform the essential functions of your job.*

_____ A serious health condition affecting your _____ spouse, _____ child, _____ parent, other: _____ for which you are needed to provide care for.*

_____ Military leave

_____ Partial leave of absence request:

Contracted FTE amount _____

_____ Full-time Leave for Professional Study

Requested Leave FTE amount _____

_____ Full-time Leave for Personal Reasons

Except for the military leave, leave for professional study, leave for personal reasons and partial leave requests, you have a right under the Family and Medical Leave Act of 1993 to receive up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Under FMLA, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrent, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse the District for the share of health insurance premiums paid on your behalf during your FMLA leave. FMLA leaves run concurrently with paid leave. Additional time on leave is unpaid. **In the event that an employee contract is ended prior to the last day of contract year and the employee has used more leave days than has been accrued a reduction will be made on the final paycheck or reimbursement made to the district.*

Signature

Supervisor's Signature

Date

Supervisor's Recommendation

HRD Approval

Date