

**TEMPORARY ILLNESS / INCAPACITY ABSENCE REQUEST FORM**

This form is to be completed by teachers who wish to request a temporary illness/incapacity absence from the District for their own serious health/medical condition. Teachers must exhaust any applicable statutory leave under the Family and Medical Leave Act (FMLA) prior to submitting this form. Any temporary illness/incapacity absence request is subject to approval by the District. If approved, the teacher’s accrued sick leave and/or personal days (if any) will run concurrent with the duration of the approved leave period. Thereafter, any remaining approved leave will be unpaid.

The District reserves the right to seek medical certification and/or documentation related to the teacher’s request for a temporary illness/incapacity absence from the District. The provision of this Form does not in any way guarantee approval of the absence request.

**Teacher Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Serious Health/Medical Condition for Which Leave is Requested:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Duration of Additional Leave Requested (weeks/months):**  
\_\_\_\_\_

**Anticipated Date of Return:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**FOR OFFICE USE:**

Paid personal days remaining: \_\_\_\_\_

Paid sick days remaining: \_\_\_\_\_

This request is: **APPROVED / DENIED**

Authorized By: \_\_\_\_\_

*\*Use of this Form is valid through June 30, 2023.*