

ANACORTES SCHOOL DISTRICT #103

Form No. 5404-F-1
Personnel

ANACORTES SCHOOL DISTRICT APPLICATION FOR LEAVE OF ABSENCE

MEDICAL LEAVE ONLY (answer all items):

1. What is the health condition? _____
2. What is the purpose of the leave? _____
3. Date the condition began: _____
4. Date the condition is expected to end: _____
5. Has the condition prevented (or will the condition prevent) regular activities such as school or work? _____ Yes ___ No ___ If yes, for how many days? _____
6. Is inpatient hospitalization for the condition required? Yes ___ No ___
7. Name of your doctor/health care provider: _____
8. Has your health care provider prescribed further treatment? Yes ___ No ___
9. Anticipated number of visits to your health care provider for this condition: _____
10. Date you learned of the need for the leave: _____
11. If the medical leave is for yourself, are you unable to work or to perform essential functions of your job? Yes ___ No ___
12. If the medical leave is due to a son's or daughter's medical condition, what is his/her age? ___
13. If the medical leave is due to a son's or daughter's medical condition, is he or she capable of self-care? Yes ___ No ___ If no, why not? _____

PARENTAL LEAVE ONLY (answer all items:)

1. Care of a newborn son or daughter? Yes ___ No ___
If yes, anticipated date of birth _____
2. Placement of an adopted child? Yes ___ No ___ If yes, date of birth: _____
3. Placement of a foster child? Yes ___ No ___ If yes, date of birth: _____
4. Will the other parent take any leave time for care of the same child? Yes ___ No ___
5. Is the other employed by the school district? Yes ___ No ___ If yes, are you and the other parent husband and wife? Yes ___ No ___
6. If the other parent requesting leave? Yes ___ No ___

