

Petition for Medical Leave of Absence

Approved medical leaves will be considered for circumstances covered under the Family and Medical Leave Act of 1993 (FMLA) **AND** must be accompanied by a statement from a medical professional, signed and recently dated. This documentation is required to verify the timeframe for the leave. https://www.dol.gov/whd/fmla/fmlaAmended.htm#SEC_102_LEAVE_REQUIREMENT

Student Responsibility

- Must read and understand the DAS's Leave of Absence Policy
- Determine if the reason for the request is falls appropriately within this policy.
- To seek clarification regarding this policy.
- Submit a completed Petition Form with appropriate documentation for your request. **Incomplete petitions will not be considered.**

All requests/petitions must include:

- Beginning Date
- Expected Return Date
- **Statement** which includes the reason for the request.
- **Proper documentation in alignment with requested beginning and expected return date**
- Pregnancy Leave requests must have a delivery due date.
- Forms must be signed and dated.

Last Name	First Name	SID Number	
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Street Address		Apt #	Telephone Number
City	State	Zip	Email
Program	AM – PM?	Teacher Name	Program Director Initial

Beginning Date of Leave: _____ **Anticipated Return Date:** _____

Expected Delivery Due Date: _____

REASON FOR REQUEST

I have read and understand the instruction and policies regarding a Leave of Absence.

Is this petition to extend a previously approved leave? _____ Yes _____ No

Student Signature: _____ Date: _____