

### 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 time frame for the leave. [https://www.dol.gov/whd/fmla/fmlaAmended.htm#SEC\\_102\\_LEAVE\\_REQUIREMENT](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 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	
		(   )   -	
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

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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: \_\_\_\_\_