



LEAVE OF ABSENCE REQUEST INSTRUCTIONS

An employee should complete the Leave of Absence Request Form and the Certification of Health Care Provider form if they will be off for 10 or more days. Please submit this form to the Business Office 30 days in advance before the leave is to begin. If 30 days advance notice is not practicable, the notice must be given as soon as practicable.

1. Complete the Leave of Absence Request Form (Employee Information, Leave Type, and Leave Dates)
2. Complete the Certification of Health Care Provider Form (Instructions Below)

Section I

Please skip this section. (Business Office will fill this out)

Section II

Please fill out this section with your name.

Section III

Please fill out your health care provider's Name/Address/Phone.

Part A & Part B

Your health care provider must fill out these parts of the form.

Make sure your provider sign and date the last page of the form.

3. Make copies of all paperwork for your records.

Once all forms are received, the business office will send to the Superintendent's Office. If approved, the request will be brought to the Board of School District 92.

Once the board makes a decision, the employee will be notified of the results.

Please return both completed forms to:

Will County School District 92

Business Office

708 N. State St

Lockport, IL 60443

Phone# (815) 838-8031

Fax# (815) 838-8034