

Pre-Planned Leave Form (Certificated & Classified)

Name: _____ Building: _____ Today's Date: _____

1. Please file with your supervisor/building principal **as far in advance as possible**. You are responsible for tracking your own leave (recorded on pay stub).

I plan to be absent on _____ A.M. P.M. _____ All Day
Date sub start time

for the following reason (please check one):

Reason for Absence

- Personal Bereavement
- Sick (appointment, surgery, etc.) Vacation (year round staff only)
- Serious Health Condition* (3 Days Annually)
- School Related (coaching, mtg., etc.)
- Conference/Workshop/Training (Describe &.or **Attach** Course Information)

 Other (Describe) _____

‡SUPERVISOR APPROVAL: _____ DATE: _____

SUPERINTENDENT APPROVAL: _____ DATE: _____

2. **Certificated:** Posted on www.substituteonline.com ____ Yes ____ No ____ No Sub Needed
(Obtain budget code from administrator) (absence still needs to be posted online)

Date and time posted: _____

Classified: Notify designated person in your building to request substitute.

Start Time: _____ End Time: _____

Extra Duty (bus, playground, etc.): _____

Does all of your assignment require a substitute? Yes No

If not, which hours require a substitute? _____

NOTE: A copy of this form is to be attached to the employee absence report.

‡Supervisor signature denotes that leave request is in accordance with GFEA or PSE Collective Bargain Agreement.

*Guideline used by superintendent for Family Illness Leave is on the back of this form. (DOL definition)

Department of Labor Guideline:

A “**Serious Health Condition**” means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity¹ or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity¹ of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity¹ relating to the same condition), that also involves:

- (1) **Treatment² two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing Treatment³** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity¹ (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **Incapacity¹** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of Incapacity¹ of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

¹ “Incapacity”, for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

² Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

³ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.