

Form A--Application for Extended Leave

Extended leaves are those expected to last more than 10 consecutive working days. You must notify the APS Human Resources Extended Leaves Office **at least thirty (30) days prior to the commencement** of your extended leave of absence. Union contract and applicable Federal and State law govern these leaves. Your eligibility for leave will be determined after receiving this form and all relevant supporting documentation. Your leave request **will not** be **accepted** until all required documents are complete. You will be notified of your leave status by mail and to your APS email.

Leave Information -- Print Legibly

Name: _____ Employee # _____
 Address: _____ Job Title: _____
 City, Zip _____ Site Supervisor: _____
 Home #: _____ Cell #: _____ Site Payroll Person: _____
 Loc. # _____ Location Name: _____

Do you qualify for Sick Leave Bank? Yes No Is this a continuation from Sick Leave Bank? Yes No

If you need to apply for Sick Leave Bank...STOP!

If you intend to apply for Sick Leave Bank benefits, complete the SLB Application and SLB Physician's Statement

Period of Leave Requested
 Requested Leave Start Date: _____ Expected Return to Work Date: _____

Type of Leave You Are Requesting

<input type="checkbox"/> Advance Study Leave (Unpaid) <input type="checkbox"/> Assault Leave <input type="checkbox"/> Domestic Violence Leave <input type="checkbox"/> Illness in the Immediate Family <input type="checkbox"/> Injury or Illness of Military Member <input type="checkbox"/> Intermittent Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Military Service Leave <input type="checkbox"/> Parental Leave (Birth of a child) <input type="checkbox"/> Parental Leave (Non-Birth Only) <input type="checkbox"/> Part-time Leave <input type="checkbox"/> Personal Leave (Unpaid) <input type="checkbox"/> Political <input type="checkbox"/> Qualifying Exigency <input type="checkbox"/> Union Leave	Form A and letter of acceptance, class schedule, and grades for prior semester, (if applicable) Form A and police report, and health care provider certification, employees also complete First Report of Injury and contact Risk Management at 830-8466 Form A and legal documentation Form A and Family-Certification of Health Care Provider Form A and WH385 Form A and Employee or Family-Certification of Health Care Provider Form A and Employee-Certification of Health Care Provider Form A and military orders or commander's letter Form A and Employee-Certification of Health Care Provider Form A and Family-Certification of Health Care Provider, child's birth certificate, or legal documentation of adoption or foster placement (documentation depends on situation) Form A and Statement Page (A Schedule Only--no supervisor signature required) Form A and Statement Page signed by supervisor (A, B, G/H Schedule employees do not need supervisor signature) Form A and confirmation of appointment Form A and Form WH 384 Form A and name of Union you will represent _____
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Medical Release will be required to reinstate from medical leave.

Refer to the Negotiated Agreement and/or Leaves Specialist regarding the use of available paid leave. **For Medical Leave** (for your own illness or injury), the district will exhaust all your available leave balances. Your available leave will be used in this order, as applicable: sick leave, personal leave, and annual leave. In qualifying circumstances, employees requesting extended leave will be able to use their available balances that have accrued up until the start of the leave. Leave balances will cease to accrue once an employee is in an unpaid status.

For **Illness in the Immediate Family Leave**, as applicable, the district will exhaust your accrued sick leave accrual, personal leave, and annual. After these accruals are exhausted, the remainder of your leave will be unpaid.

Sign this form. Submit all completed/signed forms and supporting documentation to Extended Leaves Office via email to Extended.Leaves@aps.edu OR by fax to 505-884-0536. In person visits are limited; please avoid in person visits to the greatest extent possible.

Signature

Date