

South Eastern School District  
**Request for Approval of Unpaid Child Rearing Leave**

Name \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_  
(Must be at least 45 days before start of leave)

An individual requesting unpaid child rearing leave (unpaid leave past an employee's entitlement to FMLA) should do so in writing on this form to the Superintendent with as much advance notice as possible, but no less than forty-five (45) days prior to the start of the leave, except in emergency situations. The request should indicate the period of time desired for such leave, and it should be understood that the physical condition of the individual applying is of the utmost importance.

Purpose of Child Rearing Leave: Birth of a Child \_\_\_\_\_ Adoption \_\_\_\_\_ Check if Emergency \_\_\_\_\_

Due Date (estimated Last Day of Formal Employment): \_\_\_\_\_

Estimated Last Day of FMLA (if eligible, maximum of 60 work days): \_\_\_\_\_

Expected Date of Return \_\_\_\_\_ (Not to exceed one calendar year from last day of formal employment)  
(Unpaid Child Rearing Leave is the time from the expiration of FMLA through this expected date of return to work)

Unpaid Child Rearing Leave: # of Unpaid Child Rearing Leave Days \_\_\_\_\_

Once an eligible employee has exhausted available paid and unpaid FMLA leave and begins unpaid child rearing leave, an employee may maintain at their own expense the full cost of the medical, dental and vision coverage provided in the Agreement for the duration of the child rearing leave. If unpaid child rearing leave is less than one-half year, the child rearing leave shall not constitute a break in progression on the salary schedule and the employee will advance to the next salary level. No other benefits (except seniority) shall accrue or be used during the period of such leave.

Will you continue Health Care coverage at your own Expense due to unpaid child rearing leave? Yes No

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

(Employee, please sign and have your Principal/Designee sign and forward to HR)

**Approval**

**Business Office**

Principal/Designee \_\_\_\_\_  
(initials/date)

(Principal/Designee, please approve and forward to HR)

Human Resources \_\_\_\_\_  
(initials/date)

Superintendent/Designee \_\_\_\_\_  
(initials/date)

Payroll \_\_\_\_\_  
(initials/date)

Business Office Approval \_\_\_\_\_  
(initials/date)

**During FMLA:** (to be discussed with employee and calculated/completed by HR once FMLA leave begins)

# sick days (through date doctor releases employee to return to work): \_\_\_\_\_ Dates: \_\_\_\_\_

# personal days: \_\_\_\_\_ Dates: \_\_\_\_\_ # vacation days: \_\_\_\_\_ Dates: \_\_\_\_\_ floating holiday: yes no \_\_\_\_\_

# sick days (as requested by employee) to be used after above days are exhausted through the end of FMLA: \_\_\_\_\_  
Dates: \_\_\_\_\_

# unpaid days during FMLA leave: \_\_\_\_\_ Dates: \_\_\_\_\_

Date employee will be responsible for paying full cost of health care coverage due to unpaid child rearing leave: \_\_\_\_\_

**Routing:** Principal, Human Resources, Superintendent, Payroll, Business office  
SESD: 30 (05/19)