

## APPLICATION FOR LEAVE

**Instructions:** To request a leave of absence, complete this form, submit it to the CISD Leave Office, and notify your supervisor of your need for leave. Please submit any required certification and/or documentation with the application, and be aware that certification/documentation **must** be submitted to the CISD Leave Office no later than 15 calendar days after the date the application is received. Certification forms are available online at [www.conroeisd.net/department/hr/workers-comp-and-loa](http://www.conroeisd.net/department/hr/workers-comp-and-loa). Any employee who is absent five or more consecutive workdays due to personal or family illness is **required** to apply for leave and submit medical certification from a qualified health care provider.

**When the leave is foreseeable**, the application and any required certification/documentation should be submitted at least 30 calendar days in advance; **otherwise**, the application should be submitted as soon as possible once the need for leave is known.

**PLEASE PRINT CLEARLY**

Employee's Legal Last Name		Employee's Legal First Name		Employee's EIN
Employee's Campus/Department			Employee's Position	
Requested Leave Start Date	Requested Leave End Date	Anticipated Return-to-Work Date	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
Preferred Method of Contact (If choosing personal email address or U.S. mail, the contact information on file with the District will be used.)				
<input type="checkbox"/> Conroe ISD Email Address		<input type="checkbox"/> Personal Email Address		<input type="checkbox"/> U.S. Mail

**Reason for Leave**

- Personal illness** (requires *Certification of Health Care Provider for Employee's Serious Health Condition*)
- Illness of my \_\_\_spouse, \_\_\_child, or \_\_\_parent** (requires *Certification of Health Care Provider for Family Member's Serious Health Condition*)
- Birth of my child** (requires documentation of the birth)
- Placement of a child with me for adoption or foster care** (requires documentation of the adoption or placement)
- Bonding with my child within one year of birth or placement** (requires documentation of the birth or placement)
- Qualifying exigency related to foreign deployment of my spouse, child, or parent who is a military member** (requires copy of the active duty orders or other documentation issued by the military AND documentation of the family relationship AND *Certification for Military Family Leave for Qualifying Exigency under the Family and Medical Leave Act*)
- Care for my spouse, child, parent, or next of kin who is a covered servicemember with a serious injury or illness** (requires *Certification for Serious Injury or Illness of a Veteran/Current Servicemember* AND documentation of the family relationship)
- Personal military service** (requires copy of orders)
- Assault** during performance of regular job duties (requires statement from principal or district-level supervisor)
- Mental health leave** following a traumatic event in the scope of employment (requires statement from principal or district-level supervisor; must be requested within seven calendar days of the event)
- Peace officer quarantine leave** (requires written certification from the Montgomery County Public Health Authority)

**Important note about the Family and Medical Leave Act (FMLA)** All leave requests will be considered for FMLA eligibility. To be eligible, an employee must have worked for Conroe ISD for at least 12 months and have worked at least 1,250 hours in the 12 months immediately before the leave begins. FMLA leave is unpaid; however, Conroe ISD requires employees to use accrued paid leave while taking FMLA leave. Spouses who are both employed by Conroe ISD are limited to a combined total of 12 weeks of leave under the FMLA to care for a parent or for the birth, adoption, or foster placement of a child. Military caregiver leave is limited to a combined total of 26 weeks.

**Important note about extended sick leave** All leave requests will be considered for extended sick leave eligibility. To be eligible, an employee must have been employed by Conroe ISD in a full-time capacity for the 12 consecutive months immediately before the leave begins.

**Important note about temporary disability leave** Any full-time employee whose position requires certification from the State Board for Educator Certification (SBEC) is eligible for temporary disability leave. An employee's notification of need for extended absence due to the employee's own medical condition shall be accepted as a request for temporary disability leave.

**Important note about all leave types** All leave types run concurrently with any applicable paid leave and compensatory time. Requests will be granted and recorded in accordance with Board policy and District procedures. For detailed information about leaves and absences, please review the [Employee Handbook](#) or visit [www.conroeisd.net/department/hr](http://www.conroeisd.net/department/hr).

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_



**SEND COMPLETED FORM TO CISD LEAVE OFFICE**  
[HRLeaves@conroeisd.net](mailto:HRLeaves@conroeisd.net) or 936-709-7950 (FAX)

Need Help? Call 936-709-7823 or email [HRLeaves@conroeisd.net](mailto:HRLeaves@conroeisd.net)