

Jordan School District
DEPARTMENT OF HUMAN RESOURCES
7387 South Campus View Drive • West Jordan 84084
Phone (801) 567-8150 • Fax (801) 567-8056

REQUEST FOR CRITICAL FAMILY ILLNESS LEAVE

Certificated
DP324 NEG

Name _____ Social Security No. _____

Home Address _____ Home Phone Number _____

City, State _____ Zip Code _____

School/Place of Work _____ Assignment _____

Year-round School? Yes ___ No ___ Track assignment (if year-round) ___

Continuous Service Date (date of last hire) _____ Total years with Jordan _____

I am requesting Critical Family Illness Leave to provide care for: _____
Name Relationship to Employee

Reason for request:

Date leave will begin: _____ Date leave will end: _____

Number of days requested: _____

Request for Critical Family Illness Leave must be verified by a statement bearing an original signature from the doctor.

Use of sick leave for critical family illness.

A maximum of twelve (12) days of sick leave may be used each year to care for a critically ill member of the immediate family or critically ill person residing on a permanent basis in the employee's home.

- a. Immediate family shall include mother, father, son, daughter, husband, or wife.
- b. Use of sick leave for critical family illness must be authorized by the Sick Leave Bank Review Committee.
- c. Employees may not access critical family illness benefits until two (2) accrued personal leave days (up to, but not to exceed 5 personal leave days) and all family leave days are used.
- d. In cases of extended critical illness, employees may apply for additional days beyond the 12-day allowance. If circumstances warrant it, the Sick Leave Bank Review Committee may authorize additional days equal to the number of unused family leave days available at the beginning of the critical illness (a maximum of 3). In addition, an employee may apply for One (1) additional day to be granted for each year of service in the District up to a maximum of twelve (12) days. If granted, the cost of a long-term sub will be deducted for each addition day.

I have read and understand the information about the Critical Family Illness Leave DP324 NEG.

Employee's Signature _____ Date _____

Principal's Signature _____ Date _____

Return request to Human Resources.

Distribution: Human Resources and Employee

School: Attach a copy of this form to the absence record when submitting to the Payroll Department.

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