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

Classified
DP326 NEG

Name_____ Social Security No XXX – XX –_____

Home Address _____ Home Phone No._____

City, State _____ Zip Code _____

School/Place of Work _____ Assignment_____

Year-round School? Yes____ No____ Track assignment (if year-round) _____

Continuous Service Date (date last hire) _____ Total years with Jordan_____
(If on an individualized calendar, attach a copy of contract schedule.)

I am requesting Critical Family Illness Leave to provide care for: _____
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 apply for critical family illness benefits until all family leave, vacation, and personal days (up to a maximum of five (5) days) have been 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).

I have read and understand the information about the Critical Family Illness Leave DP326 NEG.

Employee's Signature _____ Date _____

Principal's Signature_____ Date _____

Return request to Human Resources.

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