

VOORHEESVILLE CENTRAL SCHOOL DISTRICT
Voorheesville, New York

LEAVE REQUEST WORKSHEET

Please use this worksheet to clarify your leave request for the District. You have leave rights under your union contract and Family Medical Leave Act (FMLA).

1. Type of leave (more than one may apply) and dates requested:

Parental leave (paid): _____ through _____

Parental leave (unpaid): _____ through _____

Family Medical leave (unpaid): _____ through _____

Other leave request (state nature and dates of request):

2. Last day you will actually be working: _____

3. You have certain rights to health and dental insurance while on leave.

a. Do you wish to continue health/dental insurance while on leave:
_____ yes _____ no

b. If yes, you will have to pay the employee share of premium cost during paid leave time and for Family Medical leave time. If leave time extends beyond paid or Family Medical leave time, you are required to pay the full premium under COBRA laws.

c. If no, you still must complete a form saying that you are waiving your rights to health coverage. If, while on paid parental leave or family Medical Leave you wish to join a health plan, you have the same rights to do so as an active employee.

Date

Signature