FORT WORTH INDEPENDENT SCHOOL DISTRICT Leave of Absence

PERSONAL DATA

Name:			Employee ID#:
Last	First	MI	
Location #:	School:		Supervisor:
Job Title:	Las	st Working Day:	LOA Effective Date:
Address:			
	Street Address	City/State	Zip
10-digit phone #:		Personal e -mail:	

LEAVE OF ABSENCE STATEMENT

(to be completed by employee)

Received Date Stamp:

By my signature, I state that I am voluntarily requesting a leave of absence.

An <u>Initial Letter</u> will be sent to your home address explaining how to continue your benefits "while on leave of absence". Please contact the Benefits Office at <u>benefits@fwisd.org</u> or 817

Leave Begins:			DOH:	—
Previous LOA:			SmartFind Check:	
95 = Family	Medical Leave (FML)	SelfF	- amily	