Revised: Mar/2007

APPLICATON FOR FAMILY LEAVE

Employee Name Samantha Wuestefeld

Social Security Numbe [redacted]

Agency Dayton Independent Schools

Agency Address 200 Clay Street – Dayton, KY 41074

Regular Hours Worked Per Week 40

Home Address 736 Highland Ave, Covington KY 41011

Home Phone 859-468-8846 Work Phone 859-292-7492 Ext. 4034

Purpose of Family Leave birth of child/maternity

Attach REQUIRED supporting documentation.

Anticipated duration of leave from 09/29/25 to 01/05/2026

For a total of 54 work days.

In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

Samantha Wuestefeld — Employee Signature

08/18/2025 — Date

FOR AGENCY USE ONLY:

Family Leave Approved ✓ For Dates 09/29/25 to 01/05/26

Family Leave Denied _____

Family Leave Balance as of this date 6 days left after leave

Family Leave Designation Letter sent 09/05/25

RL Woods — SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE

9/4/25 — DATE