Revised: Mar/2007

APPLICATON FOR FAMILY LEAVE

Employee Name Amanda Unsell

Social Security Number [redacted]

Agency Dayton Independent Schools

Agency Address 701 5th Ave. Dayton, Ky 41074

Regular Hours Worked Per Week _____

Home Address 613 4th Ave Dayton, Ky 41074

Home Phone 859-496-8216 Work Phone 859 292-7492

Purpose of Family Leave as needed for care of minor child

Attach REQUIRED supporting documentation.

Anticipated duration of leave from as needed to _____

For a total of _____ 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.

Amanda Unsell 9/19/25

Employee Signature Date

FOR AGENCY USE ONLY:

Family Leave Approved ✓ For Dates _____ to _____ as needed

Family Leave Denied _____

Family Leave Balance as of this date 60 days (12 weeks)

Family Leave Designation Letter sent 09/19/25

RdWoff 9/19/25

SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE DATE