

APPLICATION FOR FAMILY LEAVE

Employee Name Rodney Williams
 Social Security Number [REDACTED]
 Agency Dayton Independent Schools
 Agency Address 200 Clay St - Dayton, Ky 41074
 Regular Hours Worked Per Week 35 hrs M-F- 7-2³⁰
 Home Address 1102 Dayton Ave. Dayton Ky
 Home Phone 859-628-8212 Work Phone _____
 Purpose of Family Leave BACK Surgery

Attach REQUIRED supporting documentation.

Anticipated duration of leave from 10-27-25 to 12-1-25

For a total of 21 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.

Rodney Williams 10-7-25
 Employee Signature Date

FOR AGENCY USE ONLY:

Family Leave Approved ✓ For Dates 10/27/25 to 12/1/25

Family Leave Denied _____

Family Leave Balance as of this date 60 days - 12 weeks

Family Leave Designation Letter sent 10/09/25

Pat Work 10/9/25
 SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE DATE