

## APPLICATION FOR FAMILY LEAVE

Employee Name Tara Chambers  
 Social Security Number [REDACTED]  
 Agency Dayton Independent Schools  
 Agency Address 200 Clay Street – Dayton, KY 41074  
 Regular Hours Worked Per Week 32.5  
 Home Address 201 Clay St Unit D-4 Dayton KY 41074  
 Home Phone 859 462-5712 Work Phone 859 292-7486  
 Purpose of Family Leave Illness

Attach REQUIRED supporting documentation.

Anticipated duration of leave from \_\_\_\_\_ to \_\_\_\_\_

For a total of \_\_\_\_\_ work days. -To be determined

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.

Sara Chambers 10-10-25  
 Employee Signature Date

## FOR AGENCY USE ONLY:

Family Leave Approved ✓ For Dates \_\_\_\_\_ to \_\_\_\_\_

Family Leave Denied \_\_\_\_\_ To be Determined

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

Family Leave Designation Letter sent 10/15/25

R. L. Work  
 SIGNATURE OF APPOINTING AUTHORITY  
 OR DESIGNEE

10/14/25  
 DATE