Revised: Mar/2007

APPLICATON FOR FAMILY LEAVE

Employee Name Lori Frey

Social Security Number [redacted]

Agency Dayton Independent Schools

Agency Address 200 Clay Street – Dayton, KY 41074

Regular Hours Worked Per Week 40 hrs.

Home Address 100 Agua Way Apt. 319 Newport, Ky 41071

Home Phone 859-780-1435 Work Phone Same

Purpose of Family Leave Surgery

Attach REQUIRED supporting documentation.

Anticipated duration of leave from Oct. 15th to Nov. 11th, 2025

For a total of 20 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.

Lori Frey — Employee Signature

10/6/25 — Date

FOR AGENCY USE ONLY:

Family Leave Approved ✓ For Dates 10/15/25 to 11/11/25

Family Leave Denied _____

Family Leave Balance as of this date 516 days (10/15-10/20 taken out of balance)

Family Leave Designation Letter sent 10/21/25

RL Wolfe — SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE

10/20/25 — DATE