

Onteora Central School District

REQUEST FOR EXTENDED LEAVE OF ABSENCE WITHOUT PAY

NAME _____ DATE FILED _____

SCHOOL _____ PRESENT POSITION _____

DATE BEGINNING _____ DATE ENDING _____

PURPOSE:

Employee's Signature

The District would appreciate 60 days' notice prior to your intent to return.

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Recommended for Approval _____
Principal's/Supervisor's Signature Date

Superintendent's Approval _____
Disapproval _____
Superintendent of Schools Date

Date of Board Approval _____

- Copies 1) Business Office
2) Principal/Supervisor
3) Employee