

HAWTHORNE PUBLIC SCHOOLS

445 Lafayette Avenue, 2nd Floor
Hawthorne, NJ 07506
(973) 427-1300 extension 2088
rspirito@hawthorne.k12.nj.us

Richard A. Spirito
Superintendent of Schools

REQUEST FOR LEAVE OF ABSENCE FORM

This form is to be used to request any type of a leave (medical, child-rearing, paternity, family leave, etc.) with the exception of a maternity leave. A signed statement from the attending physician certifying that an employee is not able to perform his/her duties must be attached if this is a request for a medical leave.)

To: Superintendent

From: _____

Subject: Leave of Absence Request

Date: _____

School: _____ **Assignment:** _____

I hereby request a leave of absence from my official duties due to _____

Date to begin leave is: _____
month / day / year

Date to return to duties is: _____
month / day / year

I expect to use _____ day(s) of my accumulated sick leave*

I expect to use _____ day(s) without pay.

I have read the District Leave Policy, and I am making this request being fully cognizant of its terms and conditions.

Employee Signature: _____ **Date:** _____

Principal's Signature: _____ **Date:** _____

Superintendent's Signature: _____ **Date:** _____