

Southfield Public Schools

REQUEST FOR LEAVE OF ABSENCE
(MESPA MEMBERS ONLY)

Print Name _____ Employee ID # _____

Job Location _____ Position _____

TO THE ASSOCIATE SUPERINTENDENT OF HUMAN RESOURCES AND LABOR RELATIONS

For the reason indicated below, I am requesting a leave of absence (please check one):

<input type="checkbox"/> Health (Personal Illness/Maternity)	<input type="checkbox"/> Military
<input type="checkbox"/> Health (Family Illness/Paternity)	<input type="checkbox"/> Religious Holidays/Holy Days
<input type="checkbox"/> Bereavement (Immediate family member)	<input type="checkbox"/> Jury Duty/Subpoena
<input type="checkbox"/> Parental	<input type="checkbox"/> Study
<input type="checkbox"/> Personal	
<input type="checkbox"/> Other	

Describe _____

Leave requested to begin on _____ and end on _____
(MM/DD/YYYY) (MM/DD/YYYY)

Anticipated Return to Work Date _____
(MM/DD/YYYY)

Respectfully,

Employee Signature Date Signed

.....
Principal/Supervisor/Manager/Director

Signature of Administrator (signature not required for Personal Illness) Date Signed

.....
FOR HUMAN RESOURCES OFFICE USE ONLY

Leave Granted YES NO

Reason _____

Associate Superintendent of Human Resources and Labor Relations Date Signed

**** PLEASE DATE/TIME STAMP UPON RECEIPT ****