

Southfield Public Schools

REQUEST FOR EXTENSION OF LEAVE OF ABSENCE
(ESOS 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):

Parental

Military

Health - Personal Illness

Bereavement

Health - Family Illness (Refer to ESOS contract)

Jury Duty/Court Appearance

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

and end on _____
(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 ****