

Southfield Public Schools

REQUEST FOR EXTENSION OF 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 ******