

Southfield Public Schools

REQUEST FOR EXTENSION OF LEAVE OF ABSENCE
(SASA 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 | <input type="checkbox"/> Parental |
| <input type="checkbox"/> Health - Family Illness (FMLA Qualifying Only) | <input type="checkbox"/> Military |
| <input type="checkbox"/> Bereavement (Immediate family member) | <input type="checkbox"/> Jury Duty/Court Appearance |
| <input type="checkbox"/> Bereavement (Friend or relative not immediate family) | <input type="checkbox"/> Sabbatical |
| <input type="checkbox"/> Personal 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 ****