

Southfield Public Schools

**REQUEST FOR EXTENSION OF LEAVE OF ABSENCE
(UNAFFILIATED 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
- Personal Describe _____ Sabbatical Leave
- Health - Self/Family Illness Indicate Relationship _____
- Other (Please Specify) _____

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
.....
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