

MONROE TOWNSHIP SCHOOL DISTRICT

423 Buckelew Avenue
Monroe Township, NJ 08831

Leave Request Form

PLEASE PRINT	
Employee Name:	
Employee School:	
Employee Job Title:	

Requesting Leave for the following reason:

Select one:	<input type="checkbox"/> Birth/Adoption of Child	<input type="checkbox"/> My Serious Health Condition	<input type="checkbox"/> Care for Family Member
Duration of leave:	<input type="checkbox"/> Continuous	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Reduced Schedule Leave
Estimated Start Date:		Estimated Return Date:	
Number of Sick Days Available: (Check Aesop for current Balance)			
I am requesting to use _____ sick days for an approved reason. I understand that the remaining days of the leave will be without pay and that I will be responsible for my employee contribution for healthcare benefits during my unpaid leave of absence.			
Paid Sick Leave	From:		To:
Unpaid Leave	From:		To:
Is this an extension of a previously approved leave during this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is unpaid leave to be taken pursuant to the Collective Negotiations Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
AND/OR			
Pursuant to the Federal Family and Medical Leave Act and/or NJ Family Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employee Signature

Date

Office Use Only	
Reviewed by HR:	Date:
Authorized Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:
Board Approval Date:	

Upon completion, please submit the original (with physician documentation) to the Department of Human Resources and a copy to your immediate supervisor.

Instructions for Requesting a Leave of Absence

1. Complete the Leave Request Form

- If you are requesting a leave for more than five consecutive school days, **fill out all sections** of the leave request form including signature and date.
- Once completed, **submit the original form to the Department of Human Resources** and a **copy to your immediate supervisor**. This can be sent through interschool mail or emailed electronically.

2. Attach Physician Documentation

- You **must attach physician documentation** with the Leave Request Form to certify your absence.

3. Approval and Frontline Absence Management Entry

- After submission, the **Department of Human Resources** will verify your available leave time and submit it to the **Office of the Superintendent** for review and approval.
- **Final approval** will be made by the **Board of Education**.
- If your leave is planned in advance, the **Department of Human Resources** will enter your leave into **Aesop**.
- For unforeseen illnesses, you, the employee, are responsible for entering your absence into **Frontline Absence Management**, and the Department of Human Resources will verify the absence and make any necessary corrections.

4. Return to Work Documentation

- Once you are **medically cleared to return to work**, you must send **physician documentation** to both your **immediate supervisor** and the **Department of Human Resources**.

5. Questions

- For any questions, please contact the **Department of Human Resources** at **732-521-1500, ext. 4228**.