Hawthorne Board of Education
194 Warburton Avenue
Hawthorne, New Jersey 07506
Phone 973-427-1300 Ext. 2088

REQUEST FOR LEAVE OF ABSENCE FORM

This form is to be used to request any type of leave (medical, child-rearing, paternity, family leave, etc.) with the exception of a maternity leave. A signed statement from the attending physician certifying that an employee is not able to perform his/her duties must be attached if this is a request for a medical leave.)

To: Superintendent

From: _____

Subject: Leave of Absence Request

Date: _____

School: _____ Assignment: _____

I hereby request a leave of absence from my official duties to _____

_____

Date to begin leave is: _____
month/day/leave

Date to return to duties is: _____
month/day/leave

I expect to use _____ day(s) of my accumulated sick leave*

I expect to use _____ day(s) without pay.

Employee Signature: _____ Date:_____

Principal Signature: _____ Date:_____

Superintendent Signature: _____ Date: _____