

PERSONNEL SERVICES

Leave of Absence Request Form

Employee Name

Date

School Site

Type of Leave of Absence	
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Military
<input type="checkbox"/>	Personal
<input type="checkbox"/>	Family Medical Leave
<input type="checkbox"/>	Other
Comments:	

Start Date of Leave

Return to Work Date

All medical Leaves of Absence require certification from a doctor to return to work.

Employee Signature

Date

Director of Personnel

Date

Route to:

- Payroll
- Benefits