

LEAVE OF ABSENCE / EXTENDED LEAVE REQUEST

TO: Oneida Schools Board of Education

FROM: Louise Bowling

RE: Leave of Absence Request (accumulated sick leave not used)
Extended Leave Request (use accumulated sick leave)

DATE: 9-1-14

I hereby request a leave from my duties as Bus Driver

In the Oneida Schools for a period of time beginning 9-1-2014 *
(Month/Day/Year)
and ending ?
(Month/Day/Year)

The reason for my request is due to hospitalization from acute kidney failure, splenomegaly, severe pneumonia and thrombocytopenia.

and I understand I forfeit my rights if I fail to proceed according to my request. I shall notify the superintendent in writing at least thirty (30) days prior to the date of return if I do not return to this position. I understand failure to render such notice may be considered breach of contract.

* According to time sheet, Ms. Bowling's first day of absence was Aug. 19, 2014.

Louise Bowling
Signature of Employee

9-1-14
Date

Recommended by: _____ Date: _____
(Principal)

Recommended by: _____ Date: _____
(Director of Schools)