

**LEAVE OF ABSENCE / EXTENDED LEAVE REQUEST**

TO: Oneida Schools Board of Education

FROM: Lou Verna Hall

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

DATE: 8/30/11

I hereby request a leave from my duties as Custodian

In the Oneida Schools for a period of time beginning 8/31/11  
(Month/Day/Year)

and ending 9/30/11  
(Month/Day/Year)

The reason for my request is Chronic illness

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.

Lou Verna Hall

Signature of Employee

8/30/11

Date

Recommended by: Ken Byrd  
(Principal)

Date: 8/30/11

Recommended by: \_\_\_\_\_  
(Director of Schools)

Date: \_\_\_\_\_