

LEAVE OF ABSENCE / EXTENDED LEAVE REQUEST
To Be Completed if an Employee Misses 5 Consecutive Days

TO: Oneida Schools Board of Education

FROM: Lauren Hamby

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

DATE: 7-11-16

I hereby request a leave from my duties as Kindergarten teacher

In the Oneida Schools for a period of time beginning 8-8-16
(Month/Day/Year) and

ending 7-19-16
(Month/Day/Year)

The reason for my request is maternity leave

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. **For every 20 days of absence from work, the employee must provide a doctor's statement to the Director of Schools specifying the type of condition and projected time when employee can again resume job responsibilities.**

Lauren Hamby
Signature of Employee

7-11-16
Date

Recommended by: _____
(Principal)

Date: _____

Recommended by: _____
(Director of Schools)

Date: _____