

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

TO: Oneida Special School District (OSSD) - Board of Education

FROM: _____

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

DATE: _____

I hereby request a leave from my duties as _____
in OSSD for the period beginning _____
(Month/Day/Year)
and ending _____
(Month/Day/Year)

The reason for my request is _____

I understand I forfeit my rights if I fail to proceed according to this request. I shall notify the Director of Schools in writing at least thirty (30) days prior to my return date if I do not intend to return to this position. I understand failure to render such notice may be considered breach of contract. (Reference 5.304)

Signature of Employee

Date

Recommended by: _____ Date: _____
(Principal/Supervisor)

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

***If using sick leave, a healthcare provider statement covering the period of time requested must accompany this request.**