

FRANKLIN LAKES PUBLIC SCHOOLS

490 Pulis Avenue, Franklin Lakes, New Jersey 07417

(201) 891-1856 • (201) 891-9333
www.franklinlakes.k12.nj.us

Gayle Strauss, Ph.D.
Interim Superintendent of Schools

Michael J. Solokas
*Board Secretary and
Business Administrator*

Leave Request Form

NAME: _____ DATE: _____

DATE OF HIRE: _____ LOCATION: _____

POSITION: _____ 10 MONTH: _____ 12 MONTH: _____

REASON FOR LEAVE: _____

NUMBER OF SICK DAYS TO BE UTILIZED FOR PAID LEAVE: _____

PAID LEAVE DATES FROM: _____ TO: _____

UNPAID LEAVE DATES FROM: _____ TO: _____

COBRA ELIGIBILITY DATE: _____

RETURN TO WORK DATE: _____

PLEASE NOTE: The **Leave Request Form** must be completed and accompanied by a letter from the employee and their physician. The letter should include the dates of the leave, including paid leave dates, and the return to work date. In order to be placed back on payroll, please notify Trena Lambkin at tlambkin@franklinlakes.k12.nj.us once you return to work. Failure to report return to work date, can result in payroll discrepancies.

Approved by: _____ Employee Signature: _____
Administrator