

LEAVE OF ABSENCE / EXTENDED LEAVE REQUEST

TO: Oneida Schools Board of Education

FROM: Erin Laxon

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

DATE: 1-9-15

I hereby request a leave from my duties as 1st grade teacher, OES

In the Oneida Schools for a period of time beginning 3/9/14
(Month/Day/Year)

and ending last day of school
(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.

Erin Laxon
Signature of Employee

1-9-15
Date

Recommended by: Ruth Harper
(Principal)

Date: 1-9-15

Recommended by: _____
(Director of Schools)

Date: _____