



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN
Human Resources Department
Extended Leave of Absence Request Form

This form must be completed by any employee requesting a leave of absence of greater than ten (10) consecutive working day, other than leaves for workers' compensation or personal illness. The form must be completed at least 30 days in advance of the start of the leave, or as soon as practicable if 30-days notice is not possible. The completed form should be submitted to your supervisor. You will be notified of the decision.

Name: _____ Date: _____
School or Location: _____
Years of Completed Service in the School District: _____
Start/End Dates of Leave of Absence From _____ To _____
Reason for Leave of Absence (Be Specific): _____

Contract Section: _____
Supervisor's Recommendation (*Required*):

Approval Recommended Approval NOT Recommended

Signature _____
Date

For Human Resources Office Use Only:

Approved NOT Approved

Human Resources Administrator _____
Date

Superintendent/Designee _____
Date

Board Approval Date: _____

Paid Leave Approved From _____ To _____

Unpaid Leave Approved From _____ To _____