

## Request for an Unpaid Long-Term Leave of Absence

Date Received by Disability
and Leaves:

## To be completed by the employee

Completed forms are required to be submitted to the Leaves and Disability Section by <u>March 31</u> for a leave for the upcoming school year if you are less than a 12-month employee or at least 30 days in advance of the requested leave date if you are a 12-month employee. Please include Certification of Health Care Provider (form D or E) when the request is based on a serious personal health condition, the birth, adoption, or foster care placement of a child, or the care of a family member.

Your Information		
Name (First, Middle Initial, Last)		Date of Request
Home Address	City	State Zip
1101110 1111111111111111111111111111111	C.N.y	2.p
Employee ID Number	H	ome Phone (Area Code)
Work Location		Vork Phone (Area Code)
	☐ Full Time	
Position		ecify)
<b>Type of Leave Requested</b>		
Designated (check below)	or	Non-designated or Study
☐ Child Care ☐ Hard	hip	
☐ Illness (select one) ☐ Activ	e Military Duty	
Personal Stud	nt Teaching or Internship	
Family Profe	ssional Certification Salar	y step increase approved by Licensure Office
Dates of Leave Requested		
Beginning Date:	Ending Date:	
		n of this leave of absence or to respond to the the absence of a separate letter of resignation.
Employee Signature	Date	
To Be Completed by the Principal or	Program Managar	
☐ I am aware of the above employee le		
Principal or Program Manager Signature	Date	
Comments:		
Approval is granted for the above emplo	vee leave of absence request.	
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Department of Human Resources – Disa	oility and Leaves	Date