

HAMMONTON SCHOOL DISTRICT

REQUEST FOR LEAVE OF ABSENCE / TIME OFF

Incomplete Forms Will Be Returned

Employee Information:

Name: _____ Date: _____

Title: _____ School: _____

Requested Leave (Please circle where applicable):

Care for: Self/Spouse/Child/Parent/Birth/Adoption/Foster of a Child(ren)/Military Leave
(Please provide supporting documentation)

If using NJFLA, please notify if you are applying for family leave insurance

Please fill out and check all applicable:

Personal Days _____ Start _____ End _____

Sick Days _____ Start _____ End _____

FMLA _____ Start _____ End _____

NJFLA _____ Start _____ End _____

FMLA Intermittent _____ NJFLA Intermittent _____
(Please attach the dates that you will be taking)

Unpaid Medical:
_____ Self _____ Dependent Start _____ End _____
(Please provide supporting documentation)

Unpaid Personal _____ Start _____ End _____
Explanation for personal leave _____

Request for an Extension of Existing Leave:

Date of First Day out of Work: _____
Current Leave Return Date: _____ Extended Leave Return Date _____
(Attach appropriate documentation and copy of original leave request)

I understand it is my responsibility to keep my Principal/ Supervisor informed of any changes affecting the conditions of my leave. I further acknowledge that 2 days prior to my return I will report to the District Office with my **Return to Work Certification** form and notify my Principal/Supervisor to confirm my return date.

Employee's Signature: _____ Date: _____

Principal/Supervisor Approval: _____ Date: _____

Please forward to District Office for Board Approval (when necessary)