

EAST ORANGE SCHOOL DISTRICT  
EAST ORANGE, NEW JERSEY

# REQUEST FOR BOARD APPROVED LEAVE OF ABSENCE

GENERAL INSTRUCTIONS: Any employee requesting a leave of absence for any reason must complete this form, indicate the reason for the leave and the estimated number of days that he/she will be absent.

## I. SECTION TO BE COMPLETED BY EMPLOYEE

Name \_\_\_\_\_ Emp. # \_\_\_\_\_

Position \_\_\_\_\_ School/ Dept. \_\_\_\_\_

\_\_\_\_\_  
Date Temporary Leave of Absence Will Begin

\_\_\_\_\_  
Number of Days of Anticipated Absence – MUST INDICATE A SPECIFIC NUMBER

### REASON FOR LEAVE:

- |  |  |
|--|--|
| <input type="checkbox"/> FMLA – Self                             | <input type="checkbox"/> Educational                                     |
| <input type="checkbox"/> FMLA – Eligible Dependent               | <input type="checkbox"/> Sabbatical                                      |
| <input type="checkbox"/> Pregnancy                               | <input type="checkbox"/> Active Military Duty                            |
| <input type="checkbox"/> Child Rearing                           | <input type="checkbox"/> Transition to/from Military Duty/Family Support |
| <input type="checkbox"/> Spousal Family Bonding (Birth/Adoption) | <input type="checkbox"/> Special (Full-time Elected Political Office)    |
| <input type="checkbox"/> Health                                  | <input type="checkbox"/> Employment by a Charter School                  |

I certify that the above reason given for my absence is true and will provide all necessary documentation requested by the Division of Human Resources within five (5) working days.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

## II. SECTION TO BE COMPLETED BY PRINCIPAL, DIRECTOR, OR SUPERVISOR

I hereby certify that I have received a copy of the above listed request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal, Director, or Supervisor

**SUBSTITUTE NEEDED**

YES

NO

FORWARD THIS ORIGINAL DOCUMENT TO THE DIVISION OF HUMAN RESOURCE SERVICES AND RETAIN A COPY FOR YOUR RECORDS.

## III. SECTION TO BE COMPLETED BY THE DIVISION OF HUMAN RESOURCE SERVICES

Documentation Received       Number of Days Recommended for Board Approval: \_\_\_\_\_

**LEAVE OF ABSENCE:**

APPROVED

NOT APPROVED

Rationale: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Human Resource Services