

**EAST ORANGE SCHOOL DISTRICT  
EAST ORANGE, NEW JERSEY  
REQUEST FOR TEMPORARY LEAVE OF ABSENCE**

GENERAL INSTRUCTIONS: All employees must complete Section I of this form and submit to principal, director, or supervisor at earliest date when temporary leave of absence is anticipated.

**I. SECTION TO BE COMPLETED BY EMPLOYEE**

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

Position \_\_\_\_\_ School or Dept. \_\_\_\_\_

Date Temporary Leave of Absence Will Begin \_\_\_\_\_ Date Will Return to Work \_\_\_\_\_ # of days used \_\_\_\_\_

Reason for Absence (Be Specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above reason given for my absence is true.

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

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

I hereby certify that I have no information or reason to disbelieve the above given reason for absence.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Principal, Director, or Supervisor \_\_\_\_\_  
SUBSTITUTE NEEDED  YES  NO

FORWARD TO THE DIVISION OF LABOR RELATIONS AND EMPLOYMENT SERVICES

**III. SECTION TO BE COMPLETED BY THE DIVISION OF LABOR RELATIONS AND EMPLOYMENT SERVICES**

**REASON FOR LEAVE**

- |  |  |
|--|--|
| <input type="checkbox"/> Personal Leave            | <input type="checkbox"/> Professional Purposes     |
| <input type="checkbox"/> Authorized Vacation       | <input type="checkbox"/> College Graduation        |
| <input type="checkbox"/> Public Obligation         | <input type="checkbox"/> Military Reserve Training |
| <input type="checkbox"/> Other (Specify) (O) _____ |  |

LEAVE OF ABSENCE:  APPROVED  NOT APPROVED

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Director of Labor Relations and Employment Services \_\_\_\_\_

DISTRIBUTION:  
COPY #1 Administrator

COPY #2 Personnel File

COPY #3 Employee