

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/Child Rearing                 | <input type="checkbox"/> Active Military Duty                            |
| <input type="checkbox"/> Spousal Family Bonding (Birth/Adoption) | <input type="checkbox"/> Transition to/from Military Duty/Family Support |
| <input type="checkbox"/> Health                                  | <input type="checkbox"/> Special (Full-time Elected Political Office)    |
| <input type="checkbox"/> Other _____                             | <input type="checkbox"/> Employment by a Charter School                  |

**PLEASE READ:**

I hereby acknowledge receiving notice of my rights and the pending designation of my leave by the Board under the Family Medical Leave Act, New Jersey Family Leave Act, or other leave Sections. I understand that if my circumstances change and I submit a revised leave request to the Board, the dates of my leave may be subject to change. Further, I am aware that I can refuse FMLA but will forfeit my rights and job protection covered by it.

I certify that the above reason given for my absence is true and will provide all necessary documentation requested by the Division of Labor Relations & Employment Services within the prescribed time.

\_\_\_\_\_  
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 LABOR RELATIONS & EMPLOYMENT SERVICES AND RETAIN A COPY FOR YOUR RECORDS.

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

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

**LEAVE OF ABSENCE:**

APPROVED

NOT APPROVED

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Labor Relations & Employment Services Representative