

BERKELEY TOWNSHIP BOARD OF EDUCATION

LEAVE OF ABSENCE REQUEST FORM

Date: _____

To: Superintendent

From: _____ Location: _____

I hereby request a leave of absence from my official duties due to (doctor's note required):

I expect to use _____ day(s) of my accumulated sick leave beginning _____ through _____.

If I qualify, I would like to take an unpaid leave under FMLA for _____ days (60 days = 12 weeks) beginning _____ through _____.

I expect to resume my regular duties on _____ (doctor's note required).

Upon receipt of request and review, you will be notified within 5 business days if this request has been accepted.

Employee Signature: _____ Date: _____

For Central Office Use Only (c: Payroll, Benefits, Attendance)

Accepted: _____ Date: _____

Board Agenda Date: _____