

Extended Leave of Absence Request

Absence Information

Employee Name:

Employee Number:

School/Department:

Supervisor:

Type of Absence Requested:

Medical

Other _____

Dates of Absence: From:

To:

Employee Signature

Date

Supervisor Approval

Approved

Disapproved

Supervisor's Signature

Date

Superintendent Approval

Approved

Disapproved

Superintendent's Signature

Date

FINANCIAL ACCOUNTING AND BENEFITS SERVICES DEPARTMENT Eligibility Confirmation

Certified employee has tenure and a current teaching certificate:
Classified employee occupies a non-site based position:

Yes No N/A
 Yes No N/A

Eligible (Medical documentation on file in Financial Services – Employee Benefits)

Not Eligible

Financial Services' Signature

Date

WHITE-FINANCIAL SERVICES

PINK-EMPLOYEE

YELLOW-SUPERVISOR