

# Franklin Pierce School District

## Leave of Absence Request

<b>Employee Name</b>	<b>Employee No.</b>
<b>Title of Position</b>	<b>Work Location</b>

**I Hereby Request the Following Leave of Absence:**

- Personal Leave**  
I wish to use \_\_\_\_\_ days of personal leave prior to going on unpaid leave. (Please check with the payroll office regarding balance of personal leave days)
- Personal Leave (45-B or 45-C, employee pays cost of substitute - FPEA members only)**
- Maternity/Adoption Leave**  
I wish to use all days of sick leave prior to going on unpaid leave. (Please check with the payroll office regarding balance of sick leave days. A doctor's slip is required for sick leave over five (5) days.) Approximate due/adoption date: \_\_\_\_\_.
- General Leave (one year maximum)**
- Medical Leave**  
I wish to use \_\_\_\_\_ days of sick leave prior to going on unpaid leave. (Please check with the payroll office regarding balance of sick leave days. A doctor's slip is required for sick leave over five (5) days.)
- Military Leave (Attach copy of orders)**
- Unpaid Leave**  
I wish to apply for \_\_\_\_\_ days of unpaid leave for the reason described below. I understand that I must use any available days of personal leave prior to going on unpaid leave.

**Reason for request:**

Last day of work: \_\_\_\_\_ Date of expected return to work: \_\_\_\_\_

**Employee is requested to please check with the payroll office regarding continuation of benefits.**

*(Please consult collective bargaining agreement, as appropriate, for further information)*

_____ Employee's Signature	Approve <input type="checkbox"/>	_____ Date
_____ Immediate Supervisor's Signature	Disapprove <input type="checkbox"/>	_____ Date
_____ Human Resources Administrator's Signature	Approve <input type="checkbox"/>	_____ Date
	Disapprove <input type="checkbox"/>	_____ Date

**Human Resources Comments:**

Board of Director's Action	Approve <input type="checkbox"/>	_____ Date
	Disapprove <input type="checkbox"/>	_____ Date