



REQUEST FOR EXTENDED LEAVE

Any leave from work that will total more than 15 consecutive work days, requires submission of this form.

Please fill out the information below, print, sign, and submit completed form to your direct supervisor.

Employee's Name			
Primary Work Location			
Position Title			
Reason for Extended Leave			
Date Extended Leave Begins			
Date Extended Leave Ends			
Are these dates estimated?		If yes, why?	
Other Information			

Note: For medical leave outside of maternity leave, employee will be required to submit a release to return to work from a physician.

_____ Date

_____ Signature

For office use only

Upon receipt, supervisor will initial, date, and forward this form to the Superintendent.

_____ Direct Supervisor Initials _____ Date

_____ Superintendent Initials _____ Date