

**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 \_\_\_\_\_.

Additional unpaid leave will begin on \_\_\_\_\_ through \_\_\_\_\_. Your health benefits with the district will end \_\_\_\_\_, you will be eligible to elect Cobra coverage at that time.

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

Leaves will be inputted into Aesop by Sharon Madore.

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_

Board Agenda Date: \_\_\_\_\_