

Trenton Public Schools
Employee Request for Leave of Absence

Name:

Date:

School:

Position:

Submit this request to the Human Resources Executive Director of Trenton Public Schools at least 30 days before the leave is to commence. If 30 days advance notice is not possible, due to an unforeseen emergency, please submit as soon as possible.

EMPLOYEE STATEMENT:

I am requesting leave of absence for the following reason (please check one):

For a serious health condition that makes me unable to perform my job.
(Medical certification must be provided within 15 business days of employee notifying the employer of the need for leave of absence.)

Describe health condition and need for continuing treatment or care:

To care for a family member with a serious health condition.
(Medical certification must be provided within 15 business days of employee notifying the employer of the need for leave of absence.)

Indicate name and relationship:

Name: Relationship:

Describe health condition and need for continuing treatment or care:

The birth or adoption of a child. Expected delivery/adoption date:

DATES AND TYPE OF LEAVE REQUESTED:

I request leave from	<input type="text"/>	to	<input type="text"/>	as indicated below:
Paid Leave - Sick	<input type="text"/>	days from	<input type="text"/>	to <input type="text"/>
Paid Leave - Bonus	<input type="text"/>	days from	<input type="text"/>	to <input type="text"/>
Paid Leave - Personal	<input type="text"/>	days from	<input type="text"/>	to <input type="text"/>
Paid Leave - Vacation	<input type="text"/>	days from	<input type="text"/>	to <input type="text"/>
Unpaid Leave - FMLA	<input type="text"/>	days from	<input type="text"/>	to <input type="text"/>
Unpaid Leave - NJFLA	<input type="text"/>	days from	<input type="text"/>	to <input type="text"/>

My scheduled return date will be .

(If my circumstances change, I will notify the Board of Education immediately.)

I have read the enclosed "Employee Rights and Responsibilities under FMLA" handout and understand all my rights and obligations under this policy.

Employee signature

Date: