

# CAMDEN CENTRAL SCHOOL LEAVE OF ABSENCE REQUEST

Date Submitted: \_\_\_\_\_

Employee Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_ Bldg.: \_\_\_\_\_

Start of Leave (first day absent from work): \_\_\_\_\_

End of Leave (last day absent from work): \_\_\_\_\_

I anticipate returning on: \_\_\_\_\_

Type of Leave Requested (Paid/Unpaid/Combination) \_\_\_\_\_

Reason (Personal/ Medical/ Educational): \_\_\_\_\_

***\*(Proper medical documentation is required for a medical leave.)***

Qualifications for a leave under the Family and Medical Leave Act (FMLA) require that you have worked at least 1,250 hours in the last 12 months. If you qualify, and the leave of absence falls under the guidelines of leave entitlement, the leave will be considered FMLA.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

C: Personnel File  
Bldg. Admin/Supervisor