

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 to on: _____

Type of Leave Requested: _____

Paid Leave, Reason: _____

Unpaid Leave, Reason: _____

Educational Leave, Reason: _____

****(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