

Leave of Absence Request Form



Employee Name: _____ Date of request: _____

Department: _____ Job title: _____

Date of hire: _____

Employee status: ☐ Full time ☐ Part time

Employee using accumulated Sick/Personal Days? ☐ Yes ☐ No

Requested leave dates (mm/dd/yy): _____ to _____.

Reason for the leave of absence:

I have read and fully understand the information contained in Oneida Special School District's Leave of Absence Policy.

Employee signature

Date

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To be completed by the Director of Schools:

Leave request is: _____ Approved _____ Not Approved

If not approved, provide an explanation:

Director of Schools Signature: _____ Date: _____