



JACKSON TOWNSHIP SCHOOL DISTRICT

Request for Leave

Completed forms and attachments may be mailed to Human Resources/Att: C. Siviglia *or* emailed to casiviglia@jacksonsd.k12.nj.us *or* faxed to 732-833-4608.

PLEASE PRINT OR TYPE

Date: _____
 Name: _____ Title: _____
 Grade/Subject: _____ School/Location: _____

I also cover the following co-curricular/coaching activities (*please list*):

<input type="checkbox"/> 1	<u>Paid Medical Leave of Absence</u> for my own illness. Starting Date: _____ Ending Date: _____ I plan to use ____ sick days, ____ personal days, ____ vacation days. (<i>Requires medical documentation</i>)	Approved: _____ Date: _____
<input type="checkbox"/> 2	<u>Unpaid Federal Family Medical Leave of Absence</u> for: ____ My own medical condition (including pregnancy) ____ Care for a spouse, son, daughter or parent with a serious medical condition ____ Care of a newborn child ____ Placement with the employee of a child for adoption or foster care Starting Date: _____ Ending Date: _____ (<i>Limited to 12 weeks with documentation from your physician</i>)	Approved: _____ Date: _____
<input type="checkbox"/> 3	<u>Unpaid NJ Family Medical Leave of Absence</u> for: ____ Care for a child, spouse, domestic partner, civil union partner or parent with a serious medical condition ____ Bond with a newborn child (within 12 months of birth) ____ Bond with an adopted child or foster child (within 12 months of placement) Starting Date: _____ Ending Date: _____ (<i>Runs concurrently with Federal Family leave, except if 12 weeks of Federal leave are used during own medical condition during pregnancy, may request six weeks of NJ leave to bond with the child (two separate occurrences). Six weeks reimbursable thru state insurance program</i>)	Approved: _____ Date: _____
<input type="checkbox"/> 4	<u>Unpaid Medical Leave of Absence</u> for my own illness. <i>I have exhausted my sick, personal and vacation time and my 12-weeks of Family Medical Leave, but I am still under my doctor's care and have not been released to return to work.</i> Starting Date: _____ Ending Date: _____	Approved: _____ Date: _____
<input type="checkbox"/> 5	<u>Unpaid Child Care Leave</u> <i>I have exhausted my Federal and NJ Family Leave time and I am requesting an extended unpaid child care leave.</i> Starting Date: _____ Ending Date: _____	Approved: _____ Date: _____
<input type="checkbox"/> 6	<u>Unpaid Personal Leave</u> <i>Attach a letter detailing the reason for your request. All requests must be approved in advance.</i> Starting Date: _____ Ending Date: _____	Approved: _____ Date: _____

It is my intention to return to full duty on _____ (*date*). If I wish to return to work before my approved date, I realize that I must give advance notice to the Human Resource Department and my supervisor in writing as early as possible so that my revised return date can be approved at following board meeting.

I understand that I will receive written notification from the Board of Education granting this leave.

← *Signature Here*

Enclosure (*Physician's Statement if applicable*)
 cc: Principal/Supervisor