ATLANTIC COUNTY
SPECIAL SERVICES SCHOOL DISTRICT

LEAVE/ABSENCE FORM

(Only one form required per absence.)

Indicate one of the following: ☐ REQUEST FOR ABSENCE(S) ☐ RETURN FROM ABSENCE(S)

NAME _____ POSITION _____ LOCATION _____

Indicate if this is for: ☐ FULL DAY(S) ☐ HALF DAY(S) ☐ QUARTER DAY(S) ☐ A.M. ☐ P.M.

DAY(S) M☐ T☐ W☐ Th☐ F☐ DATE(S): _____ # OF DAYS _____

☐ PERSONAL **(Submit in advance)** ☐ SICK DAY **(Less than 10 days)**

☐ MEDICAL/ILLNESS-*(S)-**Long Term -10 or more days, including maternity disability**
(FMLA determination to be made by Personnel based on eligibility requirements)

☐ FAMILY ILLNESS-*(S)-**State Relationship** _____
(FMLA/NJFLA determination to be made by Personnel based on eligibility requirements)

☐ CHILD REARING LEAVE*(S) **(Unpaid-FMLA/NJFLA/contractual eligibility to be determined by Personnel)**

☐ BEREAVEMENT **(State relationship)** _____ ☐ JURY DUTY **(Submit Summons)**

☐ VACATION **(12 mo. employees)** ☐ MILITARY DUTY **(Provide Documentation)** ☐ FLOATING HOLIDAY **(Eligible employees)**

☐ OTHER*(S) **(Unpaid leaves, Personal Days contiguous to holidays/recess, other)**

***PROVIDE EXPLANATION:**

_____

_____

_____ _____
Employee's Signature **Date**

- Any employee absent on sick leave may be required to submit a physician's written statement certifying his/her disability.
- Employees who do not take an approved absence must notify their principal/supervisor of cancellation, in writing. Failure to do so will result in a charged absence.

FOR ADMINISTRATIVE USE ONLY
(S) = Superintendent's Approval Required

Approved _____ Disapproved _____
Contingent upon employee leave status

_____
Principal/Supervisor's Signature Date

Distribution: White - Personnel
Yellow - Recordkeeper
Pink - Employee

Approved _____ Disapproved _____
Contingent upon employee leave status

_____
Superintendent/Designee Date

Board Approval Required: Date:_____
(Determined by Superintendent)

7/05