

EXTENDED FACULTY LEAVE FORM

To be completed when employee is absent for two weeks or more

Employee’s Email: _____

Employee’s Name: _____

Department: ___ Administration ___ Classroom Teacher
 ___ Ed Tech ___ Ed Tech
 ___ Kitchen ___ Maintenance/Custodial/Bus Driver

Type of Absence Request: ___ Sick ___ Maternity/Paternity
 ___ Personal ___ Unpaid Leave
 ___ Family Medical Leave (More documents to follow)

Reason: _____

Absence from: _____ (Date) Absence through: _____ (Date)

Employee signature: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Superintendent: _____ Date: _____