



8.6.1F1 - LEAVE OF ABSENCE FORM

Section I. Employee Information

Employee Name: _____
Last Name First Name MI

SS #: _____ School: _____ Department: _____

Section II. Leave Information

Personal Leave Medical Leave

Begin Leave of Absence on: _____ Estimated Return from Leave on _____
MM/DD/YY MM/DD/YY

Explanation of Leave: _____

All medical leaves of absence require certification from a doctor to return to work.

Principal's Signature Date

Superintendent's Signature Date

Print Employee Name