

**LEAVE-OF-ABSENCE REQUEST FOR AN EXTENSION**

Please extend my leave through the date listed below.

Name \_\_\_\_\_ EmpNo \_\_\_\_\_

School/Site \_\_\_\_\_

Position/Grade/Subject \_\_\_\_\_

Hour/Day \_\_\_\_\_ Calendar \_\_\_\_\_

Reason for Request \_\_\_\_\_ New Anticipated Return Date: \_\_\_\_\_  
(Medical, Maternity, Prof Study, Personal, etc.) A date is **REQUIRED**

**SUPPORTING DOCUMENTATION BELOW MUST BE ATTACHED FOR REVIEW BY HUMAN RESOURCES:**

- Medical Leave – a physician’s statement indicating the need for leave and a designated date of return to work
- Professional Study Leave –a copy of official registration/course schedule information from college/university
- Personal Leave for an extended period – a detailed explanation from the employee explaining the need for leave
- Military Leave – a copy of orders

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervising Administrator Signature