

HAZLET TOWNSHIP PUBLIC SCHOOLS



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LEAVE REQUEST FORM

EMPLOYEE NAME: _____ **DATE:** _____

LOCATION: _____ **GRADE/SUBJECT:** _____

Please complete the following chart when requesting your leave and attach your Doctor's note:

		START	END
SICK TIME	Dates		
FAMILY MED LEAVE ACT (up to 12 weeks)	Dates		
LOA WITHOUT PAY OR BENEFITS	Dates		

ANTICIPATED RETURN DATE	
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I acknowledge that any time taken outside leave request schedule might result in a salary adjustment.

Employee's Signature