

BRIDGETON PUBLIC SCHOOLS
Office of Human Resources
Leave of Absence Request Form
(Please print and submit original documents only!)

Employee Name: _____

Position: _____ School: _____ Work hours: _____

Leave Start Date: _____ Leave End Date: _____

Expected Return Date: _____

Type of Leave Requested: (select all that apply)

Medical Leave Family Leave (NJ FLA) Family Medical Leave (FMLA)

Intermittent Leave

Number of Weeks requesting ____ (up to 12 weeks)

Child Care/Bonding Leave Board Approved/Unpaid Leave

Reason for Leave: Please attach medical documentation to support your request.

RETURNING TO WORK: Employee will need to submit an original doctor's certificate to the Human Resources Office. Employee may return to work site only after doctor's certificate has been received.

To be completed by Human Resources:

<input type="checkbox"/> Paid FMLA/FLA/Intermittent	Begin Date:	End Date:
<input type="checkbox"/> Unpaid FMLA/FLA/Intermittent	Begin Date:	End Date:
<input type="checkbox"/> Board Approved/Unpaid Leave	Begin Date:	End Date:

Anticipated return to work date: _____

Employee Signature

Date

Director of HR: _____