

Bellmawr Public Schools

APPLICATION FOR TEMPORARY LEAVE OF ABSENCE

I request the following days(s) leave of absence with pay. It is understood that the granting of this request will not result in limitations on absences listed in other sections of the Negotiated Agreement.

Employee's Name \_\_\_\_\_ Work location \_\_\_\_\_

Date of Request \_\_\_\_\_ Date(s) requested \_\_\_\_\_

Section A

( ) Personal Day — (according to contract)

Section B — Workshop/out of district in-service — (5 weeks advance notice for Board approval)

( ) Title \_\_\_\_\_

Location \_\_\_\_\_

Cost if any(attach materials if necessary) \_\_\_\_\_

Justification for attendance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature \_\_\_\_\_

Supervisor's Signature of Approval \_\_\_\_\_

Your request for temporary leave of absence as indicated above is \_\_\_\_\_ approved \_\_\_\_\_ not approved

Reason for non-approval: \_\_\_\_\_

\_\_\_\_\_  
Date Approved by the Superintendent

\_\_\_\_\_  
Signature of Superintendent

Section C

( ) Sick Day (Dates) \_\_\_\_\_

Section D

( ) Jury duty ( ) military leave ( ) legal proceedings connected w/employment

( ) Death or illness of \_\_\_\_\_

*Excellence Everyday for Everyone in Bellmawr Public Schools*