

GARFIELD BOARD OF EDUCATION
LEAVE OF ABSENCE REQUEST

Name _____

Date _____

School _____ Position _____

Reason for Leave:

• MEDICAL

Doctor's Note _____

Dates From _____ To _____

Total No. of Days Sick _____ Personal _____ Unpaid _____

Doctor's Note to Return* _____

• OTHER

Dates From _____ To _____

Total No. of Days Sick _____ Personal _____ Unpaid _____

APPROVED _____
Superintendent of Schools

DATE: _____

Board of Education Resolution No. _____

***NOTE:** *Be sure to send in "Return from Leave of Absence Form" when you return to school
Medical-attach Doctor's Note to return to school
When you are out on Leave of Absence or Maternity Leave you are still responsible for your
Health Benefits Contributions as per your contract.*

cc: Building Principal
Staff Member
Payroll Department-Business Office