

GARFIELD BOARD OF EDUCATION
LEAVE OF ABSENCE REQUEST

MATERNITY LEAVE

NAME: _____
DATE: _____
SCHOOL: _____ POSITION _____
Do you or your principal recommend a substitute? _____

Requested Dates: From: _____ To: _____
Total No. of Days Absent: _____
*Total No. of Sick Days: _____
(If available at time of birth) _____
Total No. of Unpaid Days: _____
Doctor Note (Attached): _____

****Use of Allowable Sick Days-50 Days
20 Days Before/30 Days After***

**When you are out on Leave of Absence or Maternity Leave you are still responsible for
your Health Benefits Contributions as per your contract.**

ADOPTION

Official Documents Attached _____
Requested Dates: From: _____ To: _____
Total No. of Days Absent: _____
*Total No. of Sick Days: _____
(Allowable use of Sick Days (20) If Available
Total No. of Unpaid Days: _____
Doctor Note (Attached): _____

***PLEASE ADVISE THE SUPERINTENDENT'S OFFICE IF THERE IS ANY CHANGE IN THE
ABOVE DATES (Ext. 2300)***

Superintendent's Signature

Date of Approval

**PLEASE NOTE: Be sure to send in "Return from Leave of Absence Form"
when you return to school- attach Doctor's note to return to school**

Cc: Building Principal
Staff Member
Payroll Department-Business Office

Revised 6/19/13