

INDEPENDENT SCHOOL DISTRICT 16
EXTENDED LEAVES REQUEST

DATE: _____

TO: Building Principal / Supervisor

FROM: _____

RE: Request for an **EXTENDED LEAVE**

I, _____, would like to request a leave from _____ to _____.
I have read and understand the provisions for **EXTENDED LEAVES** which are outlined in the contract for my bargaining unit and agree to comply with these guidelines.

Following are a list of possible **EXTENDED LEAVES**. Humans Resources will contact you to help determine the best leave that fits your circumstances.

- ✓ Childcare Leave
- ✓ Family And Medical Leave
- ✓ Medical Leave
- ✓ Military Leave
- ✓ General Leaves of Absence

Please provide a brief explanation for your leave request:

Employee Signature Date

Principal / Supervisor Signature Date

Human Resources Approval Date

Please send this form to the **Human Resources Department** for processing.