

Pleasantville Public Schools – Childrearing LEAVE Request

Employees covered by the negotiated agreement between the Pleasantville Education Association and the Pleasantville Board of Education, please refer to ARTICLE 9 – “Extended Leaves of Absence” – of the contract.

**Upon completion of this form please forward to the Office of Human Resources. **

Please fill out all information accordingly and PRINT legibly.

Employee Name: _____ Location/Department: _____

Home Address: _____

Position: _____ Principal/Administrator: _____

Are you TENURED in your position? Yes No

Original Date of Hire: _____

Dates of REQUESTED leave:

Date of delivery: _____

Date of last WORK day: _____

Date of END of disability: _____

Date of START of leave (without pay): _____

Is LEAVE to be taken under: FMLA (Federal Medical Leave Act) New Jersey Family Leave

Date of ANTICIPATED return to work (Family Leave) _____

Leave requested for remainder of current school year? Yes No

This Section for TENURED EMPLOYEES ONLY.

Leave requested for an additional school year? Yes No

*****Please refer to Article 9:4 – Length of leave***

Date of return: _____

Has your Principal/Administrator been aware of your request? Yes No

Employee Signature

Date

