

PLEASANTVILLE PUBLIC SCHOOLS
900 W. LEEDS AVENUE
P.O. BOX 960
PLEASANTVILLE, NJ 08232

CHILDREARING LEAVE REQUEST

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

NAME _____ SCHOOL _____

POSITION _____ PRINCIPAL _____

Are you tenured in your position: _____ Yes _____ No

Original date of hire in district: _____

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: _____ Federal Medical Leave Act
_____ New Jersey Family Leave

Date of return (Family Leave): _____

Leave requested for remainder of current school year? _____ Yes _____ No

Leave requested for an additional school year? _____ Yes _____ No

Date of return (September 1 in either case): _____

Has your Principal/Supervisor been made aware of your request? _____ Yes _____ No

Employee's Signature

Date

PLEASE FORWARD TO THE DIRECTOR OF HUMAN RESOURCES