

NORTH SYRACUSE CENTRAL SCHOOLS
SUPPORT STAFF LEAVE REQUEST

This form is to be completed by the employee any time a leave is to exceed 15 consecutive days. This leave would include a pre-arranged family or personal medical leave or an emergency family or personal medical leave. Once the form has been completed by the employee, it should be forwarded to their supervisor for approval. **Requests granted for 30 day periods.**

Human Resources must receive this request prior to your leave. If you have not received a response to your leave request one week prior to your leave, please contact Human Resources.

I, _____, residing at _____
Name Home Address
_____ am a _____
Home Address Job Title
at _____ and would like to request leave for _____ days
Location
beginning _____, 20__ and ending _____, 20__ for the following reason _____

Salary

Employee's Signature and Date

Social Security #

Supervisor's Signature and Date

Board Meeting on _____

Director of Human Resources

Approved Disapproved

MUST BE COMPLETED:

Employee will will not be using compensated time as listed below:

Sick Time _____ Personal Time _____ Leave will be unpaid _____

(Detach and Keep Lower Portion for Use Upon Return)

RETURN FROM LEAVE REQUEST

_____ returning from leave will report to _____

at _____ per hour as a _____ on _____
Classification Date

Date

Supervisor's Signature