



NEW HAVEN PUBLIC SCHOOLS

Application to Initiate a Leave of Absence

I. TO BE COMPLETED BY THE EMPLOYEE

Employee Information:

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address Where You Can Be Contacted While on Leave \_\_\_\_\_

Department/School \_\_\_\_\_

Job Title \_\_\_\_\_

Union Affiliation \_\_\_\_\_ Number of hours in a work week \_\_\_\_\_

II. TYPE OF LEAVE REQUEST

I am requesting the following type of leave (Please check one):

FMLA  Personal  Military  Medical  Unsure at this time

Anticipated Start Date \_\_\_\_\_ Anticipated End Date \_\_\_\_\_

Reason for Request (Please Explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you requesting Intermittent/Reduced Schedule FMLA?  Yes  No

I hereby authorize New Haven Public Schools, its employees and agents to contact my physician to verify the reason for my requested leave or for any other information concerning my requested leave of absence. I understand that a failure to return to work at the end of my approved leave period may be treated as a resignation.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_



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**III. TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR**

How long has the employee worked for you: \_\_\_\_\_

Will you require a long-term substitute teacher for this absence?  Yes  No

Will you require temporary/ part-time coverage (other than a substitute teacher)?  Yes  No

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Printed Name: \_\_\_\_\_

**IV. TO BE COMPLETED BY DIRECTOR OF HUMAN RESOURCES**

Please Check One:  Leave approved for: \_\_\_\_\_ Days/Weeks

Leave Denied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HR Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_