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Cradle of the Trotter  
and  
Birthplace of Webster's  
Dictionary

GOSHEN CENTRAL SCHOOL DISTRICT  
227 MAIN STREET  
GOSHEN, NEW YORK 10924

## REQUEST FOR A LEAVE OF ABSENCE

\_\_\_\_\_  
Print Name and Date

\_\_\_\_\_  
Position & Building

I would like to request a leave of absence.

My first day out on leave will be \_\_\_\_\_

I will be returning to my position on \_\_\_\_\_

All leaves must be approved by the Superintendent and the Board of Education. If I do not have sufficient accrued time, then I am requesting an unpaid leave for the balance of the period.

(Please check the applicable and attach the necessary documentation requested below.)

\_\_\_\_\_ **I am requesting a leave under the Family Medical Leave Act (if eligible).**  
(Must check one box below)

**I have a serious health condition and am unable to perform my job.**

**A serious health condition is affecting an immediate member of my family and I am needed to provide care.**

\_\_\_\_\_ **Attached is correspondence from my doctor explaining the reason for my request and confirming the amount of time needed.**

\_\_\_\_\_ **I am requesting a childcare leave.**

\_\_\_\_\_ **Attached are the absence sheets for the time requested.**

**\*\*Other leaves that do not fit above criteria MUST be pre-approved by the Superintendent.**

**Additional Comments:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor's Signature

\_\_\_\_\_  
Date