



CEDARBURG SCHOOL DISTRICT EXTENDED LEAVE REQUEST FORM



EMPLOYEE INFORMATION

Name (Last, First)		Employee ID (District Office to Complete)
Position		Building
Home Address (Street, City, Zip)		
Work Phone Number	Home Phone Number	Cell Phone Number
Work Email Address		Home Email Address

INFORMATION REGARDING EXTENDED ABSENCE

Requested Start Date:	Anticipated Return Date:
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Leave is requested for the following reason(s):

Additional information or justification (attach acceptable medical or other legal verification of the need for extended leave).

By my signature, I certify that this information is true and complete to the best of my knowledge. I understand that I have a responsibility to provide a notice of intent to return to work at least forty-five (45) days prior to the expiration of the leave or an updated leave of absence request form if my leave of absence is extended.

Name (printed):

Signature:

Date:

OFFICE USE ONLY:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Supervisor/Director Name:		
Supervisor/Director Signature:		Date: