



# LEAVE OF ABSENCE REQUEST FORM

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To be completed by the employee and returned to the Human Resources Office:

Employee's Name \_\_\_\_\_ Department \_\_\_\_\_

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

1. The reason I am requesting a leave that is **more than 5 consecutive concurrent work days** is:

- Employee Medical Sick Leave
- Employee Sick Leave Extension
- Workers' Compensation Leave
- Maternity/Child/Adoption Leave
- Family Medical Leave
- Military Leave
- Work Related Leave (obtain another position in the ONC BOCES)
- Other

2. Duration of Leave: from \_\_\_\_\_ to \_\_\_\_\_  
(Date Leave Begins) (Date Leave Ends – must provide specific date)

3. Return to Work Date: \_\_\_\_\_

4. Check one:  New Leave request  Request for Extension of Leave

5. Will you need additional time from Sick Bank for your Leave (for members only)?  Yes  No

6. Did you contact your Supervisor?  Yes  No (Your supervisor must sign and acknowledge this form, once signed please forward this form and your backup paperwork to Human Resources. Your supervisor does not need to see or sign the medical backup paperwork.)

7. Did you enter your Leave in The Aesop System?  Yes  No

8. If your leave request is for a medical reason, a **signed note for your leave from a health care provider with the same dates for your duration of your leave as above is required.** Health Care Provider Note attached?  Yes  No

9. Are you eligible for the Family Medical Leave Act Leave?  Yes  No

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Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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

Please Send to:

ONC BOCES Human Resources Office, 2020 Jump Brook Road, Grand Gorge, NY 12434  
(607) 588-6291 Ext. 2177 Fax: (607) 588-7022

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