



LEAVE OF ABSENCE REQUEST FORM

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

Signature of Employee

Date

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

sblood@oncboces.org tnolet@oncboces.org