

**WILLINGBORO SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT**

Request for Change of Approved Leave of Absence

Name: _____

Dates of original approved leave: _____

Change Start Date of Leave to: _____

Change Anticipated Return Date to: _____

Approved Leave Type: Family Maternity Military Medical

Change to Leave Type: Family Maternity Military Sick No change

Reason for request: _____

Signature

Date

Returning this form to Human Resources will ensure proper class coverage and also help limit errors
with your pay.

Willingboro Public Schools, Human Resource Office
440 Beverly-Rancocas Road, Willingboro, NJ 08046
609-835-8676