

**WILLINGBORO PUBLIC SCHOOLS
HUMAN RESOURCES DEPARTMENT**

Request for Leave of Absence

Name: _____ Location: _____

Address: _____ Department: _____
(if applicable)
Position: _____

Requested Start Date of Leave: _____ Phone Number: _____

Anticipated Return Date: _____

Type of Leave (check one) Family Maternity Military Medical

Doctor's note or other documents attached (check one) Yes Will Follow Not Applicable

Reason for request: _____

Please use _____ of my sick days.
(Indicate # of days)

Please use _____ of my personal days.
(Indicate # of days)

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