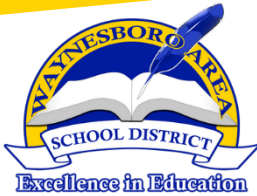


Waynesboro Area School District
Memorandum



To: Dr. Rita Sterner-Hine, Superintendent

From: _____
Principal/Supervisor Building

Subject: Request for Long Term Absence – Medical or Unpaid Leave (Report any absences longer than five (5) days)

Date: _____

Name of Employee: _____

Type of Long-term Absence:

Medical (sick) or Unpaid Leave (check one)

Reason for Leave: _____

Date Absence Begins: _____

Estimated Date of Return: _____

Note:

- Medical Leaves of Absence longer than five (5) days require a doctor’s verification and certification that you are released to return to work.
- Full time employees are required to pay the prorated difference in benefits. Contact the Business Office to determine the estimated cost of those benefits.

Signature of Employee _____ Date: _____

Signature of Principal/Supervisor _____ Date: _____

**Please forward completed form to the WASD Human Resources Office at Clayton Avenue*