

Date: \_\_\_\_\_

To: Dear Dr. Vauss, Superintendent of Schools

From: \_\_\_\_\_  
(Employee Name)

Re: Medical Leave of Absence/Family and Medical Leave \_\_\_\_\_

\_\_\_\_\_ **Family and Medical Leave of Absence** (continuous absence)

\_\_\_\_\_ **Intermittent Family and Medical Leave of Absence** (periodic absences)

\_\_\_\_\_ through \_\_\_\_\_  
Effective Date End Date

This leave is in accordance with the Family and Medical Leave Act (FMLA) and/or the NJ Family Leave Act (FLA) for the following reason:

\_\_\_\_\_ Due to my own personal health condition  
\_\_\_\_\_ To bond with my newborn/newly adopted/foster child  
\_\_\_\_\_ To care for my seriously ill family member

**District policy requires 30-day advance notice for all leaves. If you are unable to give advance notice, please provide a brief explanation below for consideration:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To continue my pay during this leave period, I request the use of following paid days:

\_\_\_\_\_ personal illness days  
\_\_\_\_\_ vacation days  
\_\_\_\_\_ other days \_\_\_\_\_

The required medical documentation to confirm necessity will be forwarded to the Benefits Manager by \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature

Location/Position: \_\_\_\_\_

cc: Principal/Supervisor  
Benefits Manager