

SOUTHFIELD PUBLIC SCHOOLS
REQUEST FOR LEAVE OF ABSENCE EXTENSION
(SEA MEMBERS ONLY)

Print Name _____ Employee ID # _____

Work Location _____ Position _____

For the reason indicated below, I am requesting to be granted an extension of my leave of absence. I understand that I must notify the district no later than March 15th prior to the next school year indicating my intent to extend my leave, resign, or return to work for the ensuing school year:

I am requesting an extension of my leave of absence for ___ **Day(s)** Indicate number of day(s) in the space provided.

-OR-

I am requesting an extension of my leave of absence for ___ **Year(s)** (Personal Leave Requests cannot exceed 1 year)

Extended Leave to begin on _____ and end on _____ Return to Work Date _____
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

PAID LEAVE REQUEST OPTIONS (in accordance with the SEA CBA):

- Sabbatical Leave
- Health (Personal Illness) FMLA Qualifying
- Health (Family Illness: spouse, son, daughter, parent) FMLA Qualifying
- Health (Maternity/Paternity) FMLA Qualifying

UNPAID LEAVE REQUEST OPTIONS (in accordance with the SEA CBA):

- Health/Long Term Disability
- Personal Leave (Please provide a brief description below):

- Exchange teaching, overseas dependent schools, Peace Corps, Volunteers in Service to America.
- Serving in professional organizations (SEA, MEA, NEA), approved work experience in business, industry and/or government, campaigning or serving in public office, educational research, study or travel.

Employee Signature Date

.....
Principal/Supervisor/Manager/Director

Signature of Administrator Date

Upon completion, please return this form to Talent Management at 24661 Lahser Rd., Southfield, MI48033 or 248-746-8926 (fax).

.....
FOR PERSONNEL OFFICE USE ONLY

Leave Granted YES NO

Reason/Comment _____

Superintendent or Designee Signature Date

**** PLEASE DATE/TIME STAMP UPON RECEIPT ****