

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

Print Name _____ Employee ID # _____

Work Location _____ Position _____

I am requesting a leave of absence for _____ **Day(s)** Indicate number of day(s) in the space provided.

-OR-

I am requesting a leave of absence for _____ **Year(s)** (Personal Leave Requests cannot exceed 1 year)

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

This leave of absence is being requested for the reason indicated below (please check one):

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

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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).

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FOR PERSONNEL OFFICE USE ONLY

Leave Granted YES NO

Reason/Comment _____

Superintendent or Designee Signature Date

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