



ESSEX REGIONAL EDUCATIONAL SERVICES COMMISSION

HUMAN RESOURCES DEPARTMENT

LEAVE OF ABSENCE FORM

(You must submit this form every time your return date changes)

Date

Dear Superintendent:

My name is _____ and I am a _____
print full name position & work location

The purpose of this letter is to request a (check one):

- | | |
|---|--|
| <input type="checkbox"/> Active Military Duty Leave | <input type="checkbox"/> Educational Leave |
| <input type="checkbox"/> FMLA Leave | <input type="checkbox"/> Unpaid Leave |

NOTE: If applicable, the ERESC will only cover your Health Benefits a maximum of three (3) months.

If appropriate, I will use my remaining _____ Sick Days before my leave begins.

If appropriate, I will use my remaining _____ Personal Days before my leave begins.

If appropriate, I will use my remaining _____ Vacation Days before my leave begins.

My leave, without pay will begin _____/_____/_____

My **anticipated** return date is _____/_____/_____

☐ My **REVISED** Return Date is **anticipated** to be _____/_____/_____.

☐ My medical certification from my doctor is ☐ attached or ☐ will be faxed/emailed to the Human Resources Department by _____/_____/_____.

Sincerely,

Signature

Date

Print Name

RETURN LETTER TO: ERESC
369 Passaic Avenue
Fairfield, NJ 07004

EMPLOYEES are **REQUIRED** to report to Human Resources **BEFORE** you return to work.

DATE approved by Board of Directors. _____/_____/_____