



Newark Board of Education

Dr. Yolanda Méndez, Assistant Superintendent
Human Resource Services

Where Passion Meets Progress

Roger León
Superintendent

LEAVE STATUS FOLLOW-UP FORM

MEMORANDUM TO: Crystal R. Stokes – Technical Assistant Personnel/HRS
Tel: 973-798-4920 Fax: 973-688-2060

FROM:

Name of Employee

Employee ID#

Location:

Position:

SUBJECT: LEAVE STATUS

This is to notify you that (PLEASE CHECK ONE OF THE FOLLOWING):

I plan to return to work on _____.

Important: If you were absent from work for 20 or more consecutive days, you MUST provide our office with medical clearance before your intended return to work date. You MUST attach the medical clearance documentation to this form in order to be reinstated. Please fax the medical documentation and this form to 973-688-2060, or email to leaveofabsence@nps.k12.nj.us, or drop-off at Newark Board of Education, Human Resources Services, 765 Broad Street, 2nd Floor, Newark, NJ 07102.

I would like to request an extension of my leave (what type of leave) _____
from (mm/dd/yy) _____ to (mm/dd/yy) _____

(If for medical reasons you must include a doctor's certificate /personal reasons you must indicate why). **REMINDER you cannot extend your FAMILY MEDICAL LEAVE ACT OF ABSENCE beyond 12 weeks. If extending to a New Jersey Family Leave of Absence you must provide documentation along with this form for birth of a child copy of Birth Certificate or crib card. Comment** _____.

Please accept this form letter as my letter of:

RESIGNATION effective _____
(Non-Instructional - must include two (2) weeks' notice).
(Instructional Non-Tenured - must submit 30 Calendar Days).
(Instructional Tenured - must submit 60 Calendar Days).

RETIREMENT effective _____ (**must be on the (1st) of the month**).
(Per N. T. U. Contract, must give 90-day notice in advance for retirements that occur on the date other than July 1st of each year).

Prior to your anticipated return to work date you must reach out to Benefits and Compensation to verify your health and fringe benefits coverage status. (Phone: (973-733-7336).

Date: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: () _____ - _____