



Roger León
Superintendent

Newark Board of Education

Dr. Yolanda Méndez, Assistant Superintendent
Human Resource Services

Where Passion Meets Progress

LEAVE OF ABSENCE WITHOUT PAY REQUEST (PLEASE PRINT CLEARLY)

Date: _____

Name: _____

Address: _____
STREET CITY STATE ZIP

Phone #: () _____ ID#: _____

Title: _____ Location: _____

I would like to request a _____ leave of absence
(Type of leave)

AVAILABLE LEAVES: MARRIAGE, MILITARY, PERSONAL, SPECIAL, VETERANS

Effective _____ until _____
(from date) (to date)

Reason for request: _____

Very truly yours,

Employee's Signature

Administrator's Signature

Approve Disapprove

Assistant Superintendent's Signature

Approve Disapprove

RETURN COMPLETED APPLICATION TO THE HUMAN RESOURCES SERVICES
Fax: 973-688-2060 or email: leaveofabsence@nps.k12.nj.us

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