

EGG HARBOR TOWNSHIP BOARD OF EDUCATION
13 Swift Drive
Egg Harbor Township, NJ 08234
CHILD REARING LEAVE REQUEST

Employees covered by the negotiated agreement between the Egg Harbor Township Board of Education and the Egg Harbor Township Education Association, please refer to Article XVI-
"Extended Leaves of Absence" of the contract.

Name: _____ School: _____

Position: _____ Principal: _____

DATES OF LEAVE REQUESTED: (***Estimated** – Actual start date will be in accordance with the physician's note certifying employee is able to return to work.)

DATE OF DELIVERY/ADOPTION: _____

DATE OF LAST WORK DAY: _____

DATE OF END OF DISABILITY (Last paid sick day – if applicable): _____

DATE OF START OF LEAVE WITHOUT PAY*: _____

Is the leave to be taken under:

Federal Family Leave Act _____

New Jersey Family Leave _____

DATE OF RETURN: _____

If eligible, medical benefits will be paid by the Board of Education for 12 weeks following the disability period under the Family Leave Act. If approved leave continues after the 12 weeks, do you wish to maintain the health insurance at your expense?

Yes No

Leave Requested for remainder of current school year?

Yes No

Leave Requested for an additional school year?

Yes No

Has your Principal/Supervisor been made aware of your request?

Yes No

Date of return: _____

Employee's Signature

Date

Principal's Signature

Date

Human Resources Director

Date

*PLEASE FORWARD TO DIRECTOR OF HUMAN RESOURCES
AT LEAST 90 DAYS PRIOR TO THE DATE LEAVE IS REQUESTED*

Doctors Note Received: _____

Letter to Board Received: _____

Board Approval Date: _____