

ESCNJ FMLA Request

All documentation must be provided at the time of the request.

Last Name

First Name

Position

Program Location

Name of Supervisor

Briefly describe reason for
request

Type of Leave/Absence

Date Range

Return to Work

**Administrator Signature
of Approval**

Superintendent's Approval
Long Term Leave Only

Approved for Board Agenda
Denied

**Human Resources
Review**

All Approvals copied to Employee, Principal/Director, Payroll, Personnel & Docuware

Frontline Entry Date

Board Approval Date

Comments

All Administrator approved forms should be submitted to the Director of Human Resources for Board approval prior to the requested absence date(s).