

**EPPING SCHOOL DISTRICT/SAU #14
213 MAIN STREET
EPPING, NH 03042
(603) 679-8003**

Extended Leave of Absence Request
(4 or more consecutive days)**

Date: _____

Employee's Name: _____
Last First

Building: _____

Leave Dates Requested:

Beginning Date: _____ Estimated End Date: _____

Leave Requested For:

_____ The birth of a child, or placement of a child with you for adoption or foster care.

_____ Your own serious health condition.

_____ Because you are needed to care for your _____ spouse; _____ child; _____ parent;
_____ siblings; _____ grandparents; _____ mother/father-in-law due to his/her health
condition.

_____ Because you are the _____ spouse; _____ son/daughter; _____ parent;
_____ next of kin of a covered servicemember with a serious injury or illness.

_____ Because of a qualifying exigency arising out of the fact that _____ you or your
_____ spouse; _____ son/daughter; _____ parent (are) is on active duty status in support of a
contingency operation as a member of the National Guard or Reserves.

Employee's Signature

Date

Supervisor/Administrator's Signature

Date

Superintendent's Signature

Date

PLEASE SEND FORM TO THE SAU.

****Leave may be subject to Family and Medical Leave Act and collective bargaining agreements.**