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.**