



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](mailto:leaveofabsence@nps.k12.nj.us)

Revised 7.1.20