



Roger León
Superintendent

Newark Board of Education

Dr. Yolanda Méndez, Assistant Superintendent
Human Resource Services

Where Passion Meets Progress

LEAVE STATUS FOLLOW-UP FORM

TO Leave of Absence
Phone: 973-733-6565 or 973-688-2687
Email: leaveofabsence@nps.k12.nj.us
Fax: 973-688-2060

FROM NAME & ID: _____

LOCATION _____

TITLE _____

DATE: _____

SUBJECT: LEAVE STATUS

This is to notify you that (PLEASE CHECK ONE OF THE FOLLOWING):

I plan to return to work on _____.

Before you return to work and are reinstated, you must provide medical clearance documentation via fax at (973)-688-2060 or via email at leaveofabsence@nps.k12.nj.us.

I would like to request an extension of my (type of leave) _____ from (mm/dd/yy) _____ to (mm/dd/yy) _____.

Please attach medical documentation or other appropriate information to this form. For more information, including forms, visit: <https://nboehrs.com/leaves/>.

REMINDER: FAMILY MEDICAL LEAVE ACT (FMLA) absences are *limited to 12 weeks*. Medical documentation and a birth certificate or crib card are *required* for New Jersey Family Leave of Absences.

Comments _____

Prior to your anticipated return to work, contact the Benefits team to verify your coverage status.

Email: benefits@nps.k12.nj.us
Phone: 973-733-7336

Alternatively, if you are unable to return to work and would like to submit your Resignation or Retirement, please log onto Employee Self Service and click on the Submit Resignation or Submit Retirement tile to do so.

Signature: _____

Phone: _____

Email: _____