Updated 10/2025

Morrisville School District
Employee Request for Leave of Absence

Completion Date:

Name:

Last

First

Employee ID #

Primary Email:

Primary Phone:

Assignment Location:

Supervisor:

Custom Entry is available if your location is not listed

Calendar Information:

Please make corrections to the calendar on the second page to show the days you would have worked this school year for a complete calendar. Your supervisor can confirm days.

Total days should pcdjcar r f c asppc l r am l rp ar:

Employment Classification/Title:

Employment Calendar:

Leave of Absence Information

Type of leave being requested:

☐ **Medical** ☐ Initial Leave ☐ Extended
Attach a physician's statement

☐ **Maternity/Childrearing**
Attach a physician's statement or verification of adoption

☐ **Extended Childrearing**
This can be up to one school year and is unpaid, without benefits

☐ **Personal** ☐ Student Teaching ☐ Extended

☐ **Discretionary**
Describe in notes below

☐ **Sabbatical Leave** ☐ Medical ☐ Educational

Eligibility requirements can be found in Professional Contract/Instructional Personnel Policy, including returning to employment with the bqqrpqar for a period of not less than one (1) school year immediately following my Sabbatical Leave.

If the Sabbatical is for Education; list courses, number of credits and College/University name in notes below

Expected period of absence:

From **to**

Notes:

HR Office Only
Stamp received and other notes