

GRADUATE SCHOOL OF EDUCATION

10 Seminary Place
New Brunswick, NJ 08901-1183

REQUEST FOR TIME OFF

TO: _____

EMPLOYEE REQUESTING LEAVE: _____

DATE(S) OF LEAVE: _____

TOTAL DAYS OF LEAVE: _____

Type of Leave (Check One)

_____ VACATION*

_____ SICKNESS**

_____ SICK LEAVE** (Emergency Attendance-Family Illness)

_____ NJ ESL

_____ ADMINISTRATIVE LEAVE***

_____ PERSONAL HOLIDAY***

_____ BEREAVEMENT LEAVE (Immediate Family Member: 3 days instate, 5 days out of state)

_____ JURY DUTY

_____ FMLA

_____ OTHER _____

Please Explain

- * Approval must be granted prior to leave
- ** Report of leave to be submitted immediately upon return
- *** Advance Notification Required

Signature of Supervisor

Date

Comments: _____

PLEASE SUBMIT FORM TO BUSINESS OFFICE AFTER APPROVAL BY SUPERVISOR. FOR UNPLANNED TIME OFF, SUBMIT AS SOON AS POSSIBLE UPON YOUR RETURN TO WORK.