

DATE: \_\_\_\_\_

TO: Quinn Smith  
Director of Human Resources  
Wayne-Finger Lakes BOCES

FROM: \_\_\_\_\_ (printed name)  
\_\_\_\_\_ (site/department)

SUBJECT: **LEAVE OF ABSENCE**

I am requesting an unpaid leave of absence from my position as \_\_\_\_\_  
\_\_\_\_\_ effective \_\_\_\_\_ through \_\_\_\_\_.

The purpose of my unpaid leave of absence is for:

- Child birth / Child rearing
- Health / Medical
- Military
- Personal
- To accept another position within this BOCES
- Other (explain) \_\_\_\_\_

I understand my request for an unpaid leave of absence will be reviewed by Administration and ultimately must be approved by the Board of Education.

I also understand that I may be responsible for paying the full premium of my health and/or dental insurance during a leave of absence.

I understand that an unpaid leave of absence may affect my seniority within my Civil Service title/tenure area.

\_\_\_\_\_  
Signature

Please attach additional documents such as: military orders/call to duty, doctor's note, etc.

Office use only:

- Agenda \_\_\_\_\_
- Payroll copied
- Site notified
- Posting