



DISCRETIONARY/UNCOMPENSATED LEAVE FORM

Effective 9/1/23

Name: _____

Date of the Request: _____

Assigned Building/Location: _____

Position: _____

Requested Dates of Leave: _____

Reason for the Leave: _____

Documentation related to the reason must be attached to this form.

Number of Years in the District: _____

Number of Sick Days Available: _____

Dates of All Previous Leaves: _____

Current Year's Absences: Sick: _____ Personal: _____ Professional: _____ Other: _____

This form must be completed and approved by the Manalapan-Englishtown Regional Schools Board of Education prior to the leave of absence. As per Policy 3431/4431, unauthorized leave shall constitute a breach of contract and therefore may result in the initiation of dismissal procedures, loss of salary or such disciplinary actions as may be deemed appropriate.

Employee's Signature: _____

Date: _____

Exemplary Attendance Record: Yes / No

Satisfactory Performance Record: Yes / No

Recommended: _____

Rationale: _____

Immediate Supervisor's Signature: _____

Date: _____

Recommended: Yes / No

Rationale If No: _____

Assistant Superintendent's Signature: _____

Date: _____

Recommended: Yes / No

Rationale If No: _____

Superintendent's Signature: _____

Date: _____

Board Approval: Yes / No Date: _____

This form will be placed in your personnel file.