

## Request for a Leave of Absence

# SAMPLE REQUEST LETTER



The following page contains a sample request letter for a Leave of Absence.

Please replace your information with the information provided in the sample.

Please be sure to change the date!

### **Nassau County School District Equity Statement**

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Questions, complaints, or requests for additional information regarding discrimination or harassment may be sent to:

Equity Coordinator  
Nassau County School District  
1201 Atlantic Ave.  
Fernandina Beach, FL 32034  
(904) 491-9888  
Fax: (904) 277-9044

# Request for a Leave of Absence

TODAY'S DATE

Mr. Joe Principal  
Principal Your High School  
123 Your Street  
Your Town, FL

Dear Mr. Principal:

Please accept this letter as a request for a Leave of Absence starting on **DATE** through **DATE**. I am requesting leave due to **REASON**.

If the reason for this request is medical in nature for myself, I understand that I am responsible to provide the Human Resources Department with a written medical release from my attending physician prior to my return date.

Respectfully Submitted,

---

**Employee** *Signature*

---

*Date*

---

*Print*

---

**Principal/Director** *Signature*

---

*Date*

---

*Print*

---

**Superintendent** *Signature*

---

*Date*

**Dr. Kathy K. Burns**

---

*Print*

## Returning from a Leave of Absence

---

Employees who have been approved for a Leave of Absence for their own medical condition must provide the Human Resources Department with a written release from their attending physician. Alternately, if your physician is part of a medical group (more than one physician within the office), one of the physicians from the same medical group/same office may provide the written release.

This applies to all employees who are returning to work following an illness, surgery, childbirth, or any other medical condition which the employee experienced resulting in the need for the Leave of Absence.

The release is to be submitted to the Human Resources Department at least one (1) business day prior to the employee's expected return to work. If there are any delays in obtaining the written release, the employee must contact the Human Resources Department. The release may be faxed to the Human Resources Department at (904) 277-9039. This is a confidential fax line dedicated to our department.

The written release must clearly show the following information:

- Employee's Name
- Physician's Name and signature
- Date which the employee is released to full duty
- The release is without restrictions

Failure to provide the written release to the Human Resources Department prior to the employee's expected return date will result in a delay of returning to work, of access to district network accounts and payroll.