

# EAST WINDSOR PUBLIC SCHOOLS

## APPLICATION FOR LEAVE

*Please fill out this form electronically and email it to your building administrator.  
Provided you have the personal leave when entered into Kelly Services, your leave will be approved.*

EMPLOYEE'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

POSITION \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

### **SEVERE FAMILY ILLNESS** *(Max. 3 days)*

Leave shall be deducted from accumulated sick leave.

**Certified Personnel:** Max 3 days– Consult Article 21 in the EWEA Contract

**Classified Personnel:** Max 3 days– Consult Article XV in the Classified Contract

Date(s) of Absence:	Request is for:	Full Day	Half Day
			AM
			PM

Reason for Absence:

Substitute Needed:      YES      NO

Kelly Conf. #:  
(Required)