



Hoosac Valley Regional School District



EXTENDED ABSENCE FORM

Please fill out the form below if you are requiring a leave of absence of 10 or more consecutive days

Today's Date: _____

Employee Name: _____ Employee Signature: _____

School: _____

Anticipated Date Leave will begin: _____

Anticipated Date of Return: _____

Reason for Leave: Medical _____ Paternity _____
 Maternity _____ Family Care _____
 Other (Please Explain) _____

Request for **PAID** sick time _____ (number of days)

Request for **UNPAID** sick time _____ (number of days)

Method of Distributing Unpaid Days if applicable (please check one) :

- Prorated pay - distribute unpaid days evenly throughout all remaining pay periods
- Unpaid days taken once all paid time has been exhausted

Principal's Signature: _____

Superintendent's Signature: _____

NOTE:

- A Doctor's note **MUST BE** provided to the Superintendent's office prior to return date
- Should your leave require unpaid time and you have HVRSD insurance, please contact Sharyn Alibozek to make arrangement for direct payment of insurance premiums - 743-2939 x1102 or alibozeks@acrsd.net
- If your anticipated return date changes, please contact Lisa Bresett, Superintendent's Office, 743-2939 x1104