LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION
1009 Boyce Memorial Drive, Ottawa, Illinois 61350
PHONE/TDD: 815-433-6433 / FAX: 815-433-6164

REQUEST FOR LEAVE OF ABSENCE WITH/WITHOUT PAY

(Other than Personal Day, Required Family or Medical Leave or Sick Leave)

Name _____ Date _____

To Be Completed by Employee

Date Leave to Start - _____ Expected Return Date - _____

With Pay ☐ Without Pay ☐

All requests for paid or unpaid Leave of Absence must be accompanied by the appropriate documentation (e.g. Military Orders, Subpoena, etc.) indicating the reasons for the leave request and, if necessary, documentation indicating the person or persons who will be completing your assigned necessary duties in your absence, including the general plan for the completion of these duties.

REASON: ☐ Personal ☐ Military ☐ Other

Details: _____

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In cases other than leave requested for military or jury duty, I make this request for a Leave of Absence with the full understanding that: (a) my current job may be eliminated during the term of my leave of absence; (b) the vacancy created by my absence may be filled by another employee; (c) in the event that my current job is eliminated or filled by another employee, I may be considered for other positions within the company that would be comparable to my former position; and (d) in the event that no such comparable position is or becomes available during the one month period following the termination of my leave of absence, my status will be changed to that of a terminated employee.

I also understand that if I do not return ready to work on the above return date and contact my Supervisor or Manager, I will be considered to have abandoned my job.

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.

Employee Signature _____ Date - _____

Leave Approval

Immediate Supervisor _____ Date - _____

Director or Designee _____ Date - _____

Payroll Instructions

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Revised 08/2008

Print Submit by Email