



Request for a Leave of Absence

Name		Employee ID
Job Title	Work Location	
Date Leave Starts	Expected Date Return to Work	

I request a Leave of Absence from my position at Anne Arundel County Public Schools for the following reason (check only one):

Reason for Leave of Absence (proper documentation is required)

- Further study at [71] _____
- Personal illness [72]
- Maternity [73]
- Armed service [74A]
- Transfer of a military spouse [74B]
- Adoption of a child [75A]
- Care of an infant [75B]
- Severe illness of member of household [75C]
- Peace Corps [75D]
- VISTA [75E]
- Exchange teaching [75F]
- Overseas teaching [75G]
- Personal—Unit I Only (specify) [75H]: _____

Present Street Address		Forwarding Street Address (Effective Date: _____)	
City, State, Country, Zip Code		City, State, Country, Zip Code	
Phone	Alternate Phone	Email Address	
Signature		Date	

For Office Use Only: _____ GRHS Entry/Board Prep _____ Weekly Log _____ Recruitment _____ Retirement
 _____ Supervisor _____ Executive Director of HR _____ Board Exhibit/Audit _____ Inactivate File