



Gary Community School Corporation

Strong. Resilient. Built for Education.

900 Gerry Street • Gary, IN 46406 • (219) 881-5448

LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE INFORMATION:

LAST	FIRST	M.I.	EMPLOYEE ID#
STREET ADDRESS			APARTMENT/UNIT#
CITY	STATE	ZIP CODE	
PHONE:	EMAIL:		

Requested Dates for Leave:

Reason for Leave:

Benefit Time Available: YES OR NO Amount of Time Being Used: _____

Continue Benefits while on Leave: Health____ Dental____ Voluntary Life____

Do You Intend to File STD/LTD Claim: YES OR NO

I understand that this request is subject to approval by my employer.

Employee's Signature: _____ Date: _____

Employer's Decision

- Approved - Denied

Reason (If Denied): _____

Employer's Signature: _____ Printed Name: _____ Date: _____