



**OAKRIDGE PUBLIC SCHOOLS  
MEDICAL LEAVE OF ABSENCE REQUEST**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DAYS/DATE REQUESTED: \_\_\_\_\_

ESTIMATED DATE OF RETURN: \_\_\_\_\_

REASON FOR REQUEST\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Date Recommended to Board of Education: \_\_\_\_\_

Approved by Board of Education: \_\_\_\_\_

\* Please refer to Collective Bargaining Agreements for language referring to Leaves of Absence.