

NICHOLAS L. PERRAPATO
SUPERINTENDENT

973-340-5000 ext. 2300
FAX 973-340-4620

Return to School From Leave of Absence

Name _____

Date _____

School _____ Position _____

Date Scheduled to Return _____

Actual Date of Return _____

Need for Extension of Leave _____

Medical _____

Maternity _____

Adoption _____

Other _____

Extended Dr. Note _____

• Dates From _____ to _____

• Total No. of Days _____ Sick _____ Personal _____ Unpaid _____

APPROVED: _____
Superintendent of Schools

DATE: _____

Board of Education Resolution No. _____