

PENN CAMBRIA SCHOOL DISTRICT
Cresson, Pennsylvania

PARENTING/CHILDREARING LEAVE APPLICATION & AGREEMENT

Directions: Applicant shall provide the necessary information required below when requesting leave.

Name _____ Date Filed _____
Address _____ Phone () _____
Building _____ Grade/Subject _____ Contract Yr ____ - ____

I. LENGTH OF LEAVE REQUESTED:

A. LEAVE TO BEGIN _____
Month Day Year
B. LEAVE TO END _____
Month Day Year

I understand that I am required to give notice to the Superintendent at least two (2) weeks in advance of the date of my intended return to duty.

I further understand that if I do not return to duty at the end of leave date stated in ITEM I. B. above, it will be considered that I have abandoned or resigned my position with the Penn Cambria School District.

Signature

Date

.....
(Office Use Only)

Date Received _____ Board Action: Approved __ Date _____
Rejected __ Date _____

Copy: __File Signature _____ Date _____
Board Secretary
__Employee

(To be filed in duplicate by applicant.)