



Date

District Superintendent  
Cayuga-Onondaga BOCES  
1879 West Genesee Street Road  
Auburn, NY 13021

Dear District Superintendent:

I am writing to request a medical leave of absence from my employment as a \_\_\_\_\_  
in the \_\_\_\_\_ Department with Cayuga-Onondaga BOCES.

I am also requesting the use of the provisions of the Family and Medical Leave Act to run  
concurrently with the medical leave of absence and the use of my accumulated available leave  
time to be used as appropriate. I am requesting that my leave be effective on \_\_\_\_\_, to  
\_\_\_\_\_, or until I am released by my physician.

Thank you for your consideration.

Sincerely,

\_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Supt. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dist. Supt. Signature: \_\_\_\_\_ Date: \_\_\_\_\_