



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

Date: _____

Dear District Superintendent:

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

The reason for my request is as follows: *(check all that apply)*

The birth of a child, or placement of a child for adoption or foster care;

*Anticipated due date/placement date _____

☐ To bond with a child (leave must be taken within one year of the child's birth or placement);

☐ To care for my spouse, child or parent who has a qualifying serious health condition;

☐ My own serious health condition that does not allow me to perform my job;

☐ For qualifying exigencies related to the foreign deployment of a military member who is my spouse, child, or parent;

☐ Military leave as a member of the reserve components of the armed forces of the United States, pursuant to Military Law § 242.

☐ For other reasons not listed, please describe: _____

I am requesting that my leave be effective on _____. I plan to return to work on _____, or when I am released by my physician.

I have attached the following documents relating to my leave of absence *(Describe below- ex. Doctor's note)*:

Thank you for your consideration.

Sincerely,

Employee's Signature: _____

Date: _____

Director's Signature: _____

Date: _____

HR Director's Signature: _____

Date: _____

Dist. Supt. Signature: _____

Date: _____