

**JEWISH COMMUNITY HOUSING CORPORATION OF METROPOLITAN NEW JERSEY
PLANNED ABSENCE/LEAVE OF ABSENCE AUTHORIZATION**

NAME _____ DATE _____

BUILDING _____

PLANNED ABSENCE AUTHORIZATION

I will be absent from _____ and returning to work on _____.

VACATION NUMBER OF DAYS _____

HOLIDAY NAME OF HOLIDAY(S) _____
(ONLY IF OCCURS DURING DAYS ABSENT)

COMPENSATION 1 DAY FOR _____
(INDICATE DATE OF HOLIDAY OR EXTRA DAY YOU WORKED)

PERSONAL NUMBER OF DAYS _____

SICK NUMBER OF DAYS _____
(IF PLANNED ABSENCE IS FOR MORE THAN ONE WEEK, CONTACT ACCOUNTING FOR INFORMATION REGARDING DISABILITY AND/OR FAMILY & MEDICAL LEAVE)

APPROVED TIME OFF NUMBER OF DAYS _____

JURY DUTY NUMBER OF DAYS (IF KNOWN) _____

UNPAID DAYS NUMBER OF DAYS _____

LEAVE OF ABSENCE AUTHORIZATION

BEGIN LEAVE RETURN FROM LEAVE

Family/Medical Leave (job is guaranteed for three months)

Non Family/Medical Leave (no job guarantee)

DATE LEAVE WILL BEGIN _____ EXPECTED DATE OF RETURN _____

ACTUAL DATE OF RETURN _____

RESUME MEDICAL INSURANCE CANCEL MEDICAL COVERAGE
(COMPLETE AETNA FORM)

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE

EMPLOYEE WILL BE REPLACED BY _____

FOR ACCOUNTING USE ONLY
AVAILABILITY VERIFIED AS OF _____