

Date, 2014

Dr. Joseph Rossi, Executive Director of Personnel  
Vineland Board of Education  
625 Plum Street  
Vineland, NJ 08360

Dear Dr. Rossi:

I request an intermittent Family Leave to care for my seriously ill ( list family member ) \_\_\_\_\_  
who requires \_\_\_\_\_ (for example: surgery and assistance during recovery). The leave would  
commence on \_\_\_\_\_ and end on \_\_\_\_\_.

The anticipated dates of intermittent leave are below and as may include other days as medically  
necessary within the time period listed above. Intermittent leave days requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As per the terms of the New Jersey Paid Family Leave Insurance Act and the *Instructions for completing  
the Request for Leave of Absence Application* posted on the district’s Human Resources Department  
webpage, I choose (or do not choose) to use my 5 accumulated sick days to maintain payment of my  
regular salary during the first five days of intermittent leave. I work at \_\_\_\_\_ (list  
building) as a \_\_\_\_\_ (list job or certification).

If you have any questions or need additional information please contact me at (*list telephone number.*)  
Thank you in advance for your consideration.

Sincerely,

*Signature*

Name  
Street Address  
Vineland, NJ Zipcode

Enclosed (or to be forwarded): Physician’s Note or Certification of Health Care Provider

CC: Principal and/or supervisor  
(if you choose – you are not obligated to disclose anything to them)