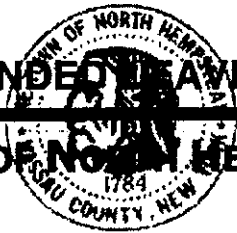


**EXTENDED LEAVE FORM**  
**TOWN OF NORTH HEMPSTEAD**



Employee: \_\_\_\_\_

Department: \_\_\_\_\_

FMLA (Please see Finance Dept. for Packet) \_\_\_\_\_

Childcare \_\_\_\_\_

I have reviewed the above request.

\_\_\_\_\_  
 Department Head Signature Date

\*\*\*\*\*

Extended Leave of Absence \_\_\_\_\_

*I request this extended leave because* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above statement is true.

\_\_\_\_\_  
 Employee's Signature Date

I have approved the above request.

I have denied the above request.

Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Department Head Signature Date

\_\_\_\_\_  
 North Hempstead Supervisor Signature Date