



APPLICATION FOR CHARTER LEAVE

Candidate Information Form (PRINT CLEARLY)

APPLICANT INFORMATION

Name: _____ Date: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Employee ID Number: _____

Current Area of Appointment: _____

Current School Location: _____

Name of the Charter School where you have accepted a position: _____

Effective Date of Leave: _____

Signature: _____

Charter leave requires sixty (60) days notice for approval. The deadline is June 30th when requesting charter leave for September 1st. Please fax request to M. Carter at 215-400-4613 or mail form to Office of Talent Acquisition, Suite 222, Attention: M. Carter, Philadelphia, PA 19130. You will receive a response letter via email.

FOR OFFICE USE ONLY

Original Appointment Date: _____ System Seniority Date: _____

Approved for Charter Leave: YES NO Approval Date: _____

Approved by: _____ Date: _____
HR Administrator

Approved by: _____ Date: _____
Chief of Talent Development