

NOTIFICATION OF LEAVE FORM
Averill Park Teachers Association

Name: _____ Date: _____

Building: _____ Position: _____

Date of Paid Leave: _____ Return: _____

Date of Unpaid Leave: _____ Return: _____

APTA will continue to pay union dues for an employee during unpaid periods of your leave.

Please e-mail or send a hard copy of this form to Rose Gynup at Poestenkill. Be sure to notify me if the date(s) have changed.