



**EXTENDED PROFESSIONAL LEAVE FOR EMPLOYMENT
SUPPLEMENTAL INFORMATION FORM**

NAME _____ **EMPLOYEE NO.** _____

For what employer will you be working while on leave?

Is this a public sector employer? Yes _____ **No** _____

Is this a not-for-profit organization? Yes _____ **No** _____

What will your job title be?

List the specific duties of this position.

Specify in detail the experiences this position will provide which will enhance your professional competence and be of benefit to Miami-Dade County Public Schools upon your return to full-time employment. Explain how these experiences will be utilized in your present assignment when you return from leave.

Signature

Date

Note: Attach a letter from your prospective employer which gives your job title and details the duties of the position being offered to you.