

Middleborough Public Schools

Request for Leave

Directions:

1. Forms are to be submitted to the Superintendent of Schools according to your contract timeline.
2. Prior approval by the Superintendent of Schools must be secured except in emergency situations.
3. All conditions stipulated in the collective bargaining agreement must be complied with.

PRINT:

Name: _____ Date: _____

Position: _____ School or Dept: _____

Date(s) Requested: _____ Number of Days: _____

Substitute Needed (You must enter your absence in substitute online).

Please check the appropriate box:

- | | |
|---|---|
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> School related legal proceeding |
| <input type="checkbox"/> Jury Duty* (attach summons) | <input type="checkbox"/> Legal proceeding as a plaintiff or defendant |
| <input type="checkbox"/> Military Duty | <input type="checkbox"/> Unpaid Leave |
| <input type="checkbox"/> Personal Day** | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Professional Day (Attach Information - prior approval) | <input type="checkbox"/> Other (please list) _____ |

*Payment is contingent upon submission of "record of service" to payroll within 2 weeks of completion of Jury service.

**Teachers - per MEA Agreement _____

Employee Signature: _____ **Date:** _____

*Confidentiality may be maintained by:

- Attaching a separate note in a sealed envelope briefly explaining the reason for the request, or
- Requesting an appointment with the Superintendent to verbally explain the reason for the request.

Administrator's Signature: _____ **Date:** _____

PAYROLL DEPT. USE ONLY

Number of available vacation days as of this request _____

Current Request _____

Number of **REMAINING** days after these requested days _____

Payroll Coordinator Signature

Date

CENTRAL OFFICE USE ONLY

Approved: _____ **Not Approved:** _____ **Date:** _____

Comment: _____

Superintendent's Signature: _____

Copy to: Employee Payroll Principal Personnel File