



LEAVE REQUEST AND APPROVAL FORM

Marlborough Public Schools
25 Union Street
Marlborough, MA 01752

MPS Form HR-4 04/23

Please submit a form for each separate request. Please submit to your principal/director at least 2 weeks in advance, when possible.

Name: _____ Date: _____

Position: _____ School: _____

Dates requested: _____ # of days requested: _____

☐ PERSONAL DAY ☐ 1st day ☐ 2nd day ☐ 3rd day ☐ 4th day (MEA only)

☐ VACATION

☐ BEREAVEMENT

Name/Relationship: _____

Date of death/funeral: _____

☐ CONFERENCE/PROFESSIONAL Reimbursement requested: ☐ Yes ☐ No

☐ COURT SUBPOENA - attach summons/subpoena/just duty notice

☐ CHILD REARING LEAVE (MEA only)

☐ OTHER _____

To request a Family Medical Leave Act (FMLA) leave please visit: [FMLA Request Form](#)

Staff Signature: _____ Date: _____

PRINCIPAL/DIRECTOR APPROVAL ☐ Yes ☐ No

☐ Signature: _____ Date: _____

SUPERINTENDENT'S APPROVAL ☐ Yes ☐ No

☐ Signature: _____ Date: _____