



# LEAVE REQUEST AND APPROVAL FORM

Marlborough Public Schools  
25 Union Street  
Marlborough, MA 01752

**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     1<sup>st</sup> day     2<sup>nd</sup> day     3<sup>rd</sup> day     4<sup>th</sup> 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

FAMILY MEDICAL LEAVE ACT (FMLA)/Parenting Leave

(Principal/Director and/or Superintendent will acknowledge rather than approve. HR will send FMLA paperwork and generate the final leave determination letter as appropriate.)

CHILD REARING LEAVE (MEA only)

OTHER \_\_\_\_\_

Staff Signature: \_\_\_\_\_

PRINCIPAL/DIRECTOR APPROVAL     Yes     No

Parental Leave or FMLA ONLY, PRINCIPAL/DIRECTOR please check here to acknowledge receipt   

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT'S APPROVAL     Yes     No

Parental Leave or FMLA ONLY, SUPERINTENDENT please check here to acknowledge receipt   

Signature: \_\_\_\_\_ Date: \_\_\_\_\_