



LEAVE REQUEST AND APPROVAL FORM
Marlborough Public Schools
17 Washington 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.

(PLEASE PRINT)

Name _____ Date _____

Position _____ School _____

Dates Requested _____ # Days Requested _____

☐ PERSONAL DAY
☐ 1st Day ☐ 2nd Day ☐ 3rd Day

☐ VACATION

☐ BEREAVEMENT
Bereaved: _____ Relationship: _____ Date of Funeral: _____

☐ CONFERENCE/PROFESSIONAL
Reimbursement Requested ☐ Yes ☐ No

☐ COURT SUBPOENA - Attach summons/subpoena/jury duty notice

☐ PARENTING LEAVE – up to 8 weeks
[Principal/Director and/or Superintendent will acknowledge rather than approve below. HR will facilitate Parental Leave paperwork.]

☐ CHILD REARING LEAVE

☐ FAMILY MEDICAL LEAVE ACT (FMLA)
[Do not share medical information on this form. FMLA Paperwork will be sent to the employee from HR for completion by a Medical Provider. For FMLA, Principal/Director and/or Superintendent will acknowledge rather than approve below. HR will facilitate the FMLA paperwork process and generate the final FMLA determination letter as appropriate.]

☐ OTHER _____

Staff Signature _____

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PRINCIPAL/DIRECTOR APPROVAL

Yes ☐ No ☐

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

Signature _____ Date _____

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SUPERINTENDENT'S APPROVAL

Yes ☐ No ☐

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

Signature _____ Date _____