



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 _____

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 _____