

**WESTPORT COMMUNITY SCHOOLS
WESTPORT, MASSACHUSETTS**

REQUEST FOR UNPAID LEAVE OF ABSENCE

Today's Date: _____

NAME: _____ POSITION: _____

I am applying for an unpaid leave of absence under the terms of the contract between the Westport School Committee and AFSCME, AFL-CIO, Council 93, Local #2667, as outlined in Articles XXI and XXII:

Article XXI: A leave of absence of up to two (2) weeks without pay may be granted at the discretion of the School Committee or their designee for the purpose of extending vacation or other personal leave* of an employee. Such leave shall not have any effect on seniority.

Article XXII: All employees must be on an approved employment status, either with or without pay. Any employee who is absent without being on an approved status may be terminated.

***NOTE:** Personal leave includes unpaid sick leave. Unpaid leave days may only be used after all vacation and personal days are utilized. (Article XIV)

Reason(s) for requested unpaid leave: _____

I certify that my request for leave conforms with the "Leave of Absence" requirements.

(Signature)

Date(s) of Requested Leave: _____

APPROVAL GRANTED

_____ Principal or Supervisor Date: _____

_____ Superintendent Date: _____

Comments: _____
