

**LEAVE OF ABSENCE**  
**GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT SAU 49**  
**PO Box 190, Wolfeboro Falls, New Hampshire 03896-0190**  
**Telephone (603) 569-1658 Fax (603) 569-6983**  
**Paid/Unpaid Leave Request Form**

**NAME** \_\_\_\_\_  
please print name

The District recognizes that a woman may undergo a period of time when she is physically disabled as a result of a pregnancy. During the time of the physical disability as certified in writing by a duly licensed physician, the female employee may use her accrued paid sick leave or if eligible, access the sick leave bank for the time she is out of work. All parties acknowledge that paid sick leave is only for the time the woman is physically disabled and it is not meant to be used for child rearing purposes. Using paid leave for the time that the employee is physically incapacitated does not preclude her from seeking the use of additional leave under the "Family and Medical Leave Act of 1993" (FMLA) provided such leave request meets all of the requirement set forth under the law including, but not limited to, employee eligibility.

Unpaid leave is available through the FMLA. This act entitles an employee, for specific reasons to receive up to twelve weeks (60 days) of unpaid leave in a one-year period. Please note, however, that any of the paid sick days taken as described above may be considered to be part of the FMLA leave available to you. If any paid leave is taken in connection with the FMLA leave request, those days are subtracted from the sixty (60) provided by law.

**INDICATE APPROXIMATE DATES YOU WILL BE OUT** \_\_\_\_\_

**PLEASE INDICATE WHICH TYPE OF LEAVE YOU ARE REQUESTING**

- PAID SICK LEAVE, INDICATE DATES \_\_\_\_\_
- UNPAID LEAVE (FMLA), INDICATE DATES \_\_\_\_\_
- A COMBINATION OF BOTH,  
INDICATE DATES FOR EACH TYPE \_\_\_\_\_

**STAFF MEMBER'S SIGNATURE** \_\_\_\_\_

**PRINCIPAL'S SIGNATURE** \_\_\_\_\_

**APPROVED BY SUPERINTENDENT/DESIGNEE** \_\_\_\_\_

**Please process this request through your principal and have your principal forward this completed form to the Superintendent's Office.**