

Middleborough Public Schools

Request for Leave

Directions:

1. Forms are to be submitted to the Superintendent of Schools according to your contract timeline.
2. Prior approval by the Superintendent of Schools must be secured except in emergency situations.
3. All conditions stipulated in the collective bargaining agreement must be complied with.

PRINT:

Name: _____ Date: _____

Position: _____ School or Dept: _____

Date(s) Requested: _____ Number of Days: _____

Substitute Needed ☐ YES ☐ NO

Please check the appropriate box:

- | | |
|---|---|
| ☐ Bereavement _____ (indicate relationship) | ☐ School related legal proceeding |
| ☐ Jury Duty* (attach summons) | ☐ Legal proceeding as a plaintiff or defendant |
| ☐ Military Duty | ☐ Unpaid Leave |
| ☐ Personal Day** | ☐ Vacation |
| ☐ Professional Day (Attach Information - prior approval) | ☐ Other (please list) _____ |

*Payment is contingent upon submission of "record of service" to payroll within 2 weeks of completion of Jury service.

**Teachers - per MEA Agreement _____

Employee Signature: _____ Date: _____

Confidentiality may be maintained by:

- Attaching a separate note in a sealed envelope briefly explaining the reason for the request, or
- Requesting an appointment with the Superintendent to verbally explain the reason for the request.
- A request to take a personal day immediately before and/or after a holiday or vacation shall require a reason subject to the approval of the Superintendent

Administrator's Signature: _____ Date: _____

PAYROLL DEPT. USE ONLY

Number of available vacation days as of this request _____

Current Request _____

Number of **REMAINING** days after these requested days _____

Payroll Coordinator Signature

Date

CENTRAL OFFICE USE ONLY

Approved: _____ Not Approved: _____ Date: _____

Comment: _____

Superintendent's Signature: _____

Copy to:

Employee

Payroll

Principal

Personnel File