



Westford Public Schools
23 Depot St
Westford, MA 01886

Employee ID: _____

Department of Human Resources
www.westfordk12.us

LEAVE REQUEST FORM

Each leave listed on this form is explained in the appropriate employee group contract. Prior to making the request, individuals should review their contract to ensure that the request is in compliance with their respective contract.

For any absence that may fall under FMLA please refer to the WPS website located [HERE](#)

Please print and submit original to your site administrator. A copy will be returned to you.

Name: _____ Today's Date: _____

School: _____ Position: _____

Indicate specific DATE or PERIOD OF TIME being requested: _____

Type of Leave Requested

☐
☐
☐
☐

Conference/Workshop
District Initiative (please specify below)
Field Trip
Jury Duty

☐
☐
☐

Personal Day
Religious Holiday
Other (please specify below)

Reason for request, where applicable. Attach any supportive data/information, including brochures, pamphlets, correspondence, etc. _____

Employee's Signature _____ Date _____

Approval

The above request for leave is: ☐ **GRANTED** ☐ **NOT GRANTED**

Funding Source: _____ Account Code _____

Substitute Coverage Required? ☐ **Yes** ☐ **No** Sub. Account Code _____

Signature _____ Date _____
Site Administrator

Signature _____ Date _____
Superintendent