

NORTH ATTLEBOROUGH SCHOOLS  
NORTH ATTLEBOROUGH, MA

**REQUEST FOR LEAVE OR ABSENCE**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Type of leave or absence requested:

Date(s) Requested:

- Sick Leave \_\_\_\_\_
- Family Sick (per unit contracts) \_\_\_\_\_
- Personal Leave \_\_\_\_\_
- Jury Duty (attach paperwork) \_\_\_\_\_
- Compensatory (attach back-up) \_\_\_\_\_
- Military Leave (attach back-up) \_\_\_\_\_
- Loss of Pay \_\_\_\_\_
- Bereavement (indicate relationship) \_\_\_\_\_
- School Business \_\_\_\_\_
- Vacation (eligible employees) \_\_\_\_\_

Explanations or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval Signatures:**

Supervisor/Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/  
Asst. Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_