

**MAYNARD PUBLIC SCHOOLS
Maynard, Massachusetts**

REQUEST FOR LEAVE

NAME _____

SCHOOL _____

I request leave on the following date(s):

All day AM only PM only Sub needed No sub

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> PERSONAL LEAVE* (no explanation required) | <input type="checkbox"/> JURY DUTY |
| <input type="checkbox"/> COMP DAY* for (date/activity) _____ | <input type="checkbox"/> BEREAVEMENT |
| <input type="checkbox"/> PROFESSIONAL DAY(# this school year ____) | <input type="checkbox"/> VACATION |
| <input type="checkbox"/> OTHER (Field trip, etc.) _____ | |

*Personal Leave and Comp Days may not be taken adjacent to a holiday weekend or school vacation.

EXPLANATION: _____

I will report my absence, in advance, to the school secretary and "Absence Line" at 508-897-8847 (recorded message) even if a substitute is not required. I understand and agree that approval of leave with salary is subject to payment being made only for time which is credited to my personal account and that salary deductions will be made for time taken as a part of this request for which no balance is available in my personal account.

Signature: _____ Date Submitted: _____

| | |
|--|---|
| <input type="checkbox"/> RECOMMEND APPROVAL | <input type="checkbox"/> RECOMMEND DISAPPROVAL |
| _____ Signature of Principal/Supervisor | _____ Date |
| _____ Director of Curriculum/Professional Development | _____ Date |

| | | |
|--|---|--|
| ACTION BY SUPERINTENDENT'S OFFICE | | |
| <input type="checkbox"/> APPROVED with salary | <input type="checkbox"/> APPROVED without salary | <input type="checkbox"/> Not approved |
| _____ Signature of Superintendent | _____ Date | |

| | |
|----------------|---------------|
| PAYROLL | NOTES: |
| Recorded _____ | Date _____ |

White Copy -To Teacher

Yellow Copy -To Principal/Supervisor

Pink Copy -Personnel File