Wellesley Public Schools
Wellesley, MA
Leave Request Form

EMPLOYEE REQUEST

Employee Name:_____ Job Title:_____

Building/Location:_____ Supervisor:_____

Full Time:_____ Part Time:_____ If Part Time, please list FTE:_____

I am notifying you of my request to take a leave of absence due to:

- ☐ The birth of my child, placement of child in my home for adoption or foster care (projected date of birth/adoption)_____
- ☐ A serious health condition for which I need care (requires physician certification form)
- ☐ A serious health condition affecting my ( ) spouse, ( ) child, ( ) parent, for which I am needed to provide care. (requires physician certification form)
- ☐ Discretionary Leave after a maternity leave (WTA Unit A & B members only – Article 10)*****
- ☐ Alternative Employment Leave(WTA Unit A & B members only–Article 10–Deadline March 1st)*****
- ☐ Discretionary Leave (WTA Unit A & B members only – Article 10-Deadline March 1st)*****
- ☐ Educational Leave (WTA Unit A & B members – Article 11-Deadline October 31st)
- ☐ Military Expansion Leave
- ☐ Other (describe below)

*****Applications for leave are for one year. Applications to request a second year leave of absence must be received by January 15th.

Reason for leave:_____

_____

☐ 1st Year Leave Request ☐ 2nd Year Leave Request

My requested leave is expected to be on a ☐ continuous ☐ intermittent ☐ reduced schedule basis (describe)
If requesting a reduced FTE schedule, please list the FTE amount of leave requested:_____

_____

My requested leave is to begin on:_____ and continue through:_____
(date) (date)

Intended Return date:_____
(date)

I wish to use the following accrued time off benefits during my leave as allowed by school policy:

☐ Sick Time ☐ Personal Time ☐ Vacation Time ☐ Not Applicable

During my leave I will:

☐ Continue my:

☐ medical ☐ dental ☐ basic life insurance ☐ supplemental life insurance ☐ disability insurance

I understand that I am responsible for any premium payments, either through payroll deduction or direct billing in order to continue my benefits as checked above.

I understand that I will be required to furnish a return to work doctor's note prior to returning to work (medical leave of absence only). I understand that my position or an equivalent one, will be held for leaves granted to me under my bargaining unit contract, FMLA or the Massachusetts Maternity Leave Law, if I return by the approved leave end date.

I certify all information that I have or will provide in connection with this leave request is true and accurate. I understand that my request for leave of absence will be considered approved, after I receive a copy of this formed signed by the Superintendent of Schools.

_____ _____

Employee Signature Date Signed

_____ _____

Supervisor's Signature Date Signed

_____ _____

Principal's Signature Date Signed

Supervisor/Principal Comments:_____

_____

_____

_____

MANAGEMENT ACTION

Approved ☐ From ___/___/___ to ___/___/___ If extension, previous leave ___/___/___ to ___/___/___ Approval is conditional based upon receipt of the certification form.

Absence is expect to be: ☐ Continuous ☐ Intermittent ☐ Reduced Schedule

Leave will be counted against FMLA ☐ Yes ☐ No FMLA time period_____

Leave will be counted toward MMLA ☐ Yes ☐ No MMLA time period_____

Denied ☐

Provider ☐ Certification of need for absence by a health care provider is required at or prior to commencement of the leave.

☐ Certification by a health care provider regarding continuing need for absence will be required as requested.

☐ A health care provider's fitness-for-duty certification and release is required upon return to active employment.

☐ Evidence of adoption or foster care placement is required.

Substitute has been requested/position has been posted: ☐ Yes ☐ No

Employee wishes to utilize (must be approved):

☐ Sick Time ☐ Personal Time ☐ Vacation Time

Estimated unpaid date:_____

Human Resources Signature_____ **Date**_____

Superintendent's Signature_____ **Date**_____

Copies: Employee
Supervisor
Principal
Personnel file
Payroll Coordinator
Director of Budgets and Finance
Superintendent's Office