Wellesley Public Schools Wellesley, MA <u>Leave Request Form</u>

Employee Name:	Job Title:		
Building/Location:	Supervisor:		
Full Time: Part Time: If Part Time, plea			
My requested leave is to begin on:(Date)	and continue through: (Date)		
Intended Return date:(Date)			
My requested leave is expected to be on a co	ontinuous intermittent reduced schedule bas	sis	
If requesting a reduced FTE schedule, please lis	st the FTE amount of leave requested and describe		
I am notifying you of my request to take a leave	of absence due to:		
A serious health condition for which I	need care (requires physician certification form)		
A serious health condition affecting m needed to provide care (requires p	ny () spouse, () child, () parent, for which I am hysician certification form)		
$\hfill\Box$ The birth of my child, placement of child in my home for adoption or foster care			
Projected date of birth/place	ement)		
Additional Discretionary Leave after a parental leave (WEA Unit A & B members only)*			
Alternative Employment Leave (WEA Unit A & B members only– Deadline March 1st)*			
☐ Discretionary Leave (WEA Unit A & E	B members only – Deadline March 1st)*		
1 st Year Leave Reques	et 2 nd Year Leave Request		
Educational Leave (WEA Unit A & B	members – Deadline October 31st)		
☐ Military or Service Leave			
Other (describe):			

^{*}Applications for leave are for one year. Applications to request a second year leave of absence must be received by January $15^{\rm th}$.

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

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.

Employee Signature	Date Signed	
Supervisor's Signature	Date Signed	
Principal's Signature	Date Signed	
Supervisor/Principal Comments:		

Please forward this document to Human Resources when complete