

Wellesley Public Schools
Wellesley, MA
Leave Request Form

Employee Name: _____

Job Title: _____

Building/Location: _____

Supervisor: _____

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

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 continuous intermittent reduced schedule basis

If requesting a reduced FTE schedule, please list the FTE amount of leave requested and describe reasoning: _____

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 my () spouse, () child, () parent, for which I am needed to provide care (requires physician certification form)
- The birth of my child, placement of child in my home for adoption or foster care

Projected date of birth/placement) _____

- 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 & B members only – Deadline March 1st)

1st Year Leave Request

2nd Year Leave Request

- Educational Leave (WEA Unit A & B members – Deadline October 31st)
- Military or Service Leave
- Other (describe): _____

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

****Please forward this document to Human Resources when the above sections are complete****

FOR INTERNAL USE ONLY

Superintendent Approval: Required for Alternative Employment and Discretionary leaves.

School Committee Approval: Required for Educational leaves.

Signatures here indicate that final authorization has been granted.

Signature

Date Signed