

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