

Athol-Royalston Regional School District

Request for Leave

Name: _____

Date: _____

Job Title: _____

School: _____

Dates Requested: _____

Type of Leave:

	Bereavement – Relationship:
	Family Medical Leave Act (FMLA) – Appropriate paperwork must be filled out and submitted with this form. Forms can be found at: www.dol.gov/whd/fmla/index.htm#Forms
	Jury Duty – Please attach a copy of the jury duty order
	Medical/Sick Leave – If longer than three consecutive days, please provide documentation
	Personal Day – If this is the day before or after a holiday/vacation, please provide a reason on the back of the form
	Small Necessities* – Hours and minutes requested: <input type="checkbox"/> To participate in school activities directly related to the educational advancement of a child <input type="checkbox"/> To accompany my child to routine medical or dental appointments such as check-ups or vaccinations <input type="checkbox"/> To accompany an elderly relative to routine medical or dental appointments or appointments for other professional services related to the elder’s care *Not to exceed a total of 24 hours per calendar year
	Vacation

To be completed by principal or supervisor:

Would you approve this leave? _____

Will a substitute be required? _____

Signature of principal supervisor: _____

Signature of supervisor (where applicable): _____

To be completed by central office:

Time available: _____ Yes _____ No

Time remaining: _____

Permission granted: _____ Yes _____ No

With pay: _____ Yes _____ No

Signature of superintendent: _____