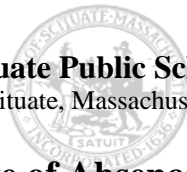


Scituate Public Schools
Scituate, Massachusetts



Extended Leave of Absence Request Form

Use this form for Leave of Absence in excess of 5 days. Otherwise use the Notification of Absence Form

SECTION 1 EMPLOYEE APPLICATION (to be Completed by Employee)

| | |
|-----------------------------------|--|
| Name | Supervisor: |
| Leave Date: | Return Date: |
| Reason for the Leave - Check One: | |
| <input type="checkbox"/> | Illness/Surgery/Hospitalization – (Attach Required Doctor’s Note/Certificate) |
| <input type="checkbox"/> | Leave Without Pay |
| <input type="checkbox"/> | Work Related – (Submit Town Accident Report Within 5 Days to be Eligible for Workers Compensation) |
| <input type="checkbox"/> | Maternity Leave |
| <input type="checkbox"/> | Extension of Maternity Leave - (Without Pay) |
| <input type="checkbox"/> | Family and Medical Leave Act – FMLA (See Policy for Eligibility) |
| | <input type="checkbox"/> Birth |
| | <input type="checkbox"/> Adoption |
| | <input type="checkbox"/> Serious Health Condition |
| | <input type="checkbox"/> Care for Family Member - (Must be Spouse, Child or Parent) |
| <input type="checkbox"/> | Other: |

Send this form to the Business Office

| | |
|-----------------------------|-------------|
| Supervisor Signature | Date |
|-----------------------------|-------------|

SECTION 2 ELIGIBLE DAYS (to be Completed by Business Office)

| | |
|--|--|
| As of Date: | Current Sick Days Available: |
| Eligible for Sick Bank: <input type="checkbox"/> yes <input type="checkbox"/> no | Maximum # of Sick Bank Days Eligible to Apply for: |
| FMLA Availability (maximum of 12 weeks) <input type="checkbox"/> yes <input type="checkbox"/> no | Eligible FMLA days: |
| | If Approved, Total Eligible Days: |

Sick Bank Leave Application Form attached if eligible. Return this form to Employee.

| | |
|----------------------------------|-------------|
| Business Office Signature | Date |
|----------------------------------|-------------|

SECTION 3 EMPLOYEE REQUEST (to be completed by Employee)

| | |
|--|-------------------|
| # of Paid Sick Days: | # of Unpaid Days: |
| # of Days Applied for Sick Bank: | FMLA Days: |
| Total Requested Days (Not to Exceed Total Eligible Days Above): | |

Send this form to Business Office within 5 business days of receiving or it will be assumed leave is **WITHOUT PAY**.

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|

CHANGE REQUEST - If any dates change, you must notify the Superintendent’s Office immediately.

Request for leave extension beyond original return date New Return Date: _____

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|

| | |
|-----------------------------|-------------|
| Supervisor Signature | Date |
|-----------------------------|-------------|

Note: Upon return, please communicate return date to Payroll. Pay will not be reinstated or will be stopped until return is confirmed.