

**MANCHESTER PUBLIC SCHOOLS  
LEAVE OF ABSENCE REQUEST  
FOR ABSENCES 5 CONSECUTIVE DAYS OR LONGER**

**PLEASE RETURN TO: HUMAN RESOURCES**

\_\_\_\_\_ I will be \_\_\_\_\_ I have been absent for five (5) or more consecutive working days.

**MEA, MAES and MSAA members: absences in excess of five (5) consecutive working days.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATES OF ABSENCES: FROM** \_\_\_\_\_ **TO (approximate)** \_\_\_\_\_

**REASON: PLEASE CHECK ONE OR MORE**

\_\_\_\_\_ **WITH PAY**                      \_\_\_\_\_ **WITHOUT PAY**

- \_\_\_\_\_ 1. **Child-Rearing Leave – Without Pay following release of disability.**
- \_\_\_\_\_ 2. **Short-term Maternity Leave - Medical with pay using accrued sick days. Medical certification is required for length of disability.**
- \_\_\_\_\_ 3. **Medical or Sick Leave – Long-term medical certification is required.**
- \_\_\_\_\_ 4. **Sick Leave – Short-term medical certification is required.**
- \_\_\_\_\_ 5. **Personal or Medical Leave for immediate family.**
- \_\_\_\_\_ 6. **Professional Development**
- \_\_\_\_\_ 7. **Other**

**Signature of Person Requesting Absence** \_\_\_\_\_

**APPROVED**     **NOT APPROVED** \_\_\_\_\_  
**Building Principal/Supervisor Signature                      Date**

**APPROVED**     **NOT APPROVED** \_\_\_\_\_  
**Human Resources Signature    Date**

**For Payroll purposes:**  
**Actual date of return:** \_\_\_\_\_ **# days used** \_\_\_\_\_

**#Sick days accumulated** \_\_\_\_\_ **Balance** \_\_\_\_\_