

CHELSEA PUBLIC SCHOOLS

Request of Temporary Leave

NAME: _____ LOCATION: _____

In accordance with the provisions of the applicable bargaining unit agreement/School Department procedures, I hereby request temporary leave of absence on the following date(s):

From: _____ To: _____

Please check applicable leave requested:

Funeral Leave

- _____ Immediate Family
- _____ Aunt/uncle/niece/nephew/grandparent/brother-in-law or sister-in-law
- _____ Other: (specify) _____

Personal and Religious Leave: (check reason for leave and describe)

Personal:

- (a) _____ Home emergency or exigency:
- (b) _____ Care of family member (identify family member) _____
- (c) _____ Child educational matter
- (d) _____ Funeral not covered by funeral leave
- (e) _____ Travel exigency or emergency (documentation may be required)
- (f) _____ Court/legal matter
- (g) _____ Other
(Description) _____

_____ **Commencement Leave**

_____ **Religious Leave** - for observance of religious holiday

_____ **Military Leave**

_____ **Organized Reserve Forces Leave**



Employee Signature _____ Date _____

_____ Approved _____ Denied Reason for Denial _____

Principal Signature _____ Date _____

Appeal to the Superintendent _____ Approved _____ Denied