

Cambridge Public Schools

Request for Short Term Leave of Absence

Name: _____

Date: _____

School/Program: _____

Please Check Appropriate Boxes:	Unit:	<input type="checkbox"/> Teacher/Admin. (CTA Unit A or B)	<input type="checkbox"/> Food Service
	<input type="checkbox"/> Clerical	<input type="checkbox"/> Safety Specialist	
	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Family Liaison	
	<input type="checkbox"/> Custodial	<input type="checkbox"/> Non-Union	
	Type of Leave:	<input type="checkbox"/> Personal Day	<input type="checkbox"/> Bereavement Day
	<input type="checkbox"/> Legal Day *	<input type="checkbox"/> Jury Duty *	<small>* requires documentation</small>

Note: Please refer to your respective collective bargaining agreements to review the limitations on number of days and other rules & restrictions that may apply

Dates(s) of Requested Absence: _____

Name/Relationship: _____

(for Bereavement Leave only)

Submitted By: _____
(signature)

Date: _____

Approved by: _____
(Supervisor's signature)

Date: _____

The approved form is to be retained with the school or department attendance records. Approved days and the reason for absence are to be recorded on the standard attendance forms that are sent to Payroll each payperiod.