

**HAVERHILL PUBLIC SCHOOLS
EMPLOYEE LEAVE FORM**

****EMPLOYEES SHOULD COMPLETE THIS FORM, FILLING IN THE DATES THAT APPLY FOR YOUR ABSENCE; SIGN AND DATE THE FORM. PLEASE RETURN COMPLETED FORM TO YOUR SCHOOLS OFFICE.**

EMPLOYEE NAME _____

SCHOOL _____

WEEK ENDING _____

REASON FOR LEAVE:

(PLEASE LIST DATES THAT APPLY)

PERSONAL ILLNESS _____

FAMILY ILLNESS _____

**PERSONAL BUSINESS _____

DEATH OF IMMEDIATE FAMILY _____

DEATH OF RELATIVE (ONE DAY) _____

VACATION _____

CONFERENCE/PROFESSIONAL DAY _____

MERIT DAY _____

**UNPAID LEAVE OF ABSENCE _____

RELIGIOUS HOLIDAY _____

JURY DUTY _____

OTHER (EXPLAIN) _____

EMPLOYEE SIGNATURE _____

DATE: _____

PRINCIPAL/SUPERVISOR SIGNATURE _____

DATE: _____

REMARKS: _____

****NOTE: PERSONAL DAYS MUST BE REQUESTED ON A PERSONAL DAY FORM AS USUAL AND SHOULD BE ATTACHED TO THIS FORM.
UNPAID LEAVES OF ABSENCE MUST BE APPROVED BY THE SUPERINTENDENT IN ADVANCE.**