Cambridge Public Schools

Request for Short Term Leave of Absence

Name: _____ **Date:** _____

School/Program: _____

Please Check Appropriate Boxes:	**Unit:**	☐ Teacher/Admin. (CTA Unit A or B)	☐ Food Service	
		☐ Clerical	☐ Safety Specialist	
		☐ Paraprofessional	☐ Family Liaison	
		☐ Custodial	☐ Non-Union	
		☐ Building Sub/ETS (Unit D)		
	Type of Leave:	☐ Personal Day	☐ Bereavement Day	
		☐ Legal Day *	☐ Jury Duty *	* *requires documentation*

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: _____ Date: _____

(signature)

Approved by: _____ Date: _____

(Supervisor's signature)

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.