

NEW BEDFORD PUBLIC SCHOOLS - HUMAN CAPITAL SERVICES

Leave of Absence Request Form

Employee Information

Name: _____

Email: _____

Job Title: _____

Location: _____

Type of Leave Requested

Please consult your collective bargaining agreement and/or contract to determine whether there are any specific eligibility requirements or limitations for requested leave.

Medical/FMLA:

Personal Leave:

MA Parental Leave:

Reason for Leave

My own serious health condition:

Birth, adoption, or care for a child of the employee: **Estimated due date:** _____

The serious health condition of a family member. *(Select family member below):*

Spouse:

Parent:

Child under 18:

Child 18 years or older & incapable of self-care due to a mental or physical disability:

Other (explain): _____

Length of leave

Consecutive Leave *(request has a start and end date):*

From:

To:

Return to work:

Intermittent Leave *(request is time off as needed):*

By signing below, I agree that the information provided is true to the best of my ability.

Name: _____

Signature _____

Date: _____