



**NEW BEDFORD PUBLIC SCHOOLS**  
 PAUL RODRIGUES ADMINISTRATION BUILDING  
 455 COUNTY STREET  
 NEW BEDFORD, MASSACHUSETTS 02740  
 www.newbedfordschools.org

(508) 997-4511

**THOMAS ANDERSON**  
 SUPERINTENDENT

**Small Necessities Leave Act Request Form**

I, \_\_\_\_\_, certify that I will take  
 \_\_\_\_\_ hour(s) from \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M. on  
 \_\_\_\_\_ for the following purpose: *(please select one)*

- To participate in school or day care activities directly related to the educational advancement of a son or daughter
- To accompany a son or daughter to a routine medical or dental appointment (such as an annual physical or vaccinations)
- To accompany an elderly relative to a routine medical or dental appointment
- To accompany an elderly relative to an appointment for professional services related to their elder care (such as interviewing a nursing home)

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employee Relations Specialist

\_\_\_\_\_  
 Date

☞ Please return completed forms to the Office of Human Capital Services ☞