



CITY OF MALDEN, MASSACHUSETTS

THE PUBLIC SCHOOLS

200 Pleasant Street, Malden, MA 02148 Tel. 781-397-7204/7205 Fax: 781-397-7276

REQUEST FOR LEAVE

Instructions: Please complete this form and submit to your building principal or administrator for initial action. This form will then be forwarded to Central Office for action. You will receive the form back notifying you of the action taken.

Administrators, Teachers, Paraprofessionals, Clerical
10 month/12 month

Today's Date: _____

Name: _____

School/Office: _____

Position/Grade: _____

Department: [] Spec. Ed. [] Bilingual [] Regular Education

Date(s) Requested: _____

Type of Leave Requested:

Personal _____ Military* _____ Professional* _____ Vacation _____
Union* _____ Jury Duty* _____ Without Pay* _____ Other _____

(*Please attach to request appropriate documentation or reason to support this request)
If Professional Leave Request: Professional days granted this school year to date: _____

Principals/Administrator's Action: _____ Recommended _____ Not recommended*

*Reason _____

Superintendent/Assistant Superintendent/ Business Manager's Action:

Your request for leave indicated above has been approved _____ disapproved* _____

*Reason _____