

**NARRAGANSETT SCHOOL SYSTEM  
REQUEST FOR LEAVE OF ABSENCE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If Different)

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Beginning Date of Leave: \_\_\_\_\_ Date of Return from Leave: \_\_\_\_\_

Do you plan to use any sick days? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

If benefits are not afforded you by the contract during the leave, do you want to continue them? Yes \_\_\_ No \_\_\_  
If yes, a bill will be sent to you upon approval of the leave for the first month's benefits.

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

**CERTIFIED STAFF -- (ARTICLE XII)**

F.	Maternity Leave	_____	I.	Sabbatical	_____
G.	Parental Leave	_____	J.	Unpaid Leave	_____
H.	Educational Purposes	_____			

Reason: \_\_\_\_\_  
\_\_\_\_\_

**CLASSIFIED STAFF -- (ARTICLE 17)**

17.1	6-Month Leave	_____
17.4	Maternity Leave	_____
17.5	Parental Leave	_____

Reason: \_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION TO BE COMPLETED BY ADMINISTRATOR/SUPERVISOR**

_____ Approve Leave	_____ Approve Substitute
_____ Do Not Approve Leave	_____ Do Not Approve Substitute

\_\_\_\_\_  
Administrator/Supervisor

\_\_\_\_\_  
Date

**FORWARD TO CENTRAL OFFICE**

\_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved      Date: \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools