

METHUEN EDUCATION ASSOCIATION
Sick Leave Pool Application and Approval Form

(PLEASE PRINT LEGIBLY)

Name _____ Date filed _____

School Bldg. _____ Hm. Address _____

Hm. Tel. _____ Cell Phone _____

Reason for Request: _____

Type of Disability: ___ Short Term (10 days or fewer) ___ Maternity ___ Long Term (10 days or more)

At present, have you used all of your accrued sick leave? YES NO
If no, how many days do you have left? _____ Number days being requested _____

Have you requested days from the Sick Leave Pool during the current school year? YES NO

Date Requested _____ Number of Days _____ Granted? YES NO
Date Requested _____ Number of Days _____ Granted? YES NO
Date Requested _____ Number of Days _____ Granted? YES NO

Did you receive days last school year? YES NO If YES, how many days were granted to you? _____

A physician's statement must be attached for each request.
Please see M.E.A. Sick Leave Pool policy requirement #7 for specific information required in this statement.

PART I: Request for 10 or fewer days. (Please circle the appropriate words, date, and sign)

Sick Leave Pool Committee (approves, denies) Date _____ Signature _____

Superintendent (approves, denies) Date _____ Signature _____

If the Superintendent denies the days, the Sick Leave Pool Appeals Board is called together for a meeting within two work days.
(Supt. acts on request notifies payroll office on any action it must take, and returns this form to M.E.A.)

Sick Leave Pool Appeals Board (sustains, overrules)
the Superintendent's decision. Date _____ Signature _____

PART II: Request for more than 10 days. (Please circle the appropriate words, date, and sign)

M.E.A. Executive Board (approves, denies) the request for _____ days. Date _____ Signature _____

Superintendent (approves, denies) the request for _____ days. Date _____ Signature _____

If the Superintendent denies the days, the Sick Leave Pool Appeals Board is called together for a meeting within two work days.
(Supt. acts on request notifies payroll office on any action it must take, and returns this form to M.E.A.)

Sick Leave Pool Appeals Board (sustains, overrules)
the Superintendent's decision on the request for _____ days. Date _____ Signature _____

At the conclusion of this process, copies of this form are filed as follows:

- (1) M.E.A. + Physician Statement (2) Superintendent + Physician Statement (3) S.L.P. Committee (4) Member Requesting Leave