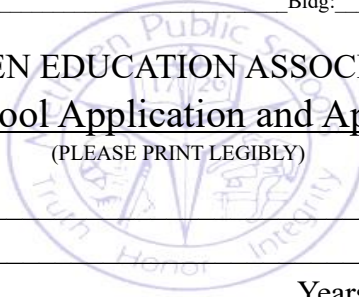


Name: _____ Bldg: _____ Phone: _____

METHUEN EDUCATION ASSOCIATION
Sick Leave Pool Application and Approval Form

(PLEASE PRINT LEGIBLY)



Name: _____ Date Filed: _____

Home Address: _____ Cell Phone: _____

School Bldg: _____ Years in District: _____

Reason for Request: _____

Type of Disability: Short Term (10 days or fewer) Maternity Long Term (More than 10 days)

Have you applied for disability payments (e.g., Sun Life, Colonial Life)? YES NO

At present, have you used all of your accrued sick leave? YES NO

If no, how many days do you have left? _____ Number of 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

Did you receive days from the Sick Leave Pool 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 Policy Requirement #7 for specific information required in this statement.)

PART 1: Request for 10 or fewer days. (Please circle the appropriate words, date, and sign.)

SLP Committee (approves, denies) the request for _____ days. Date: _____ Signature: _____

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

*If the Superintendent denies the days, the SLP Appeals Board is called together for a meeting within two work days.
(Supt. acts on the request, notifies the payroll office of 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 2: 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.

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