

TO BE COMPLETED BY MEA REP

Name: \_\_\_\_\_ Building: \_\_\_\_\_  
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.)

(Please circle the appropriate words, sign, and date.)

**Superintendent** (APPROVES | DENIES) the request for \_\_\_\_\_ days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If the Superintendent denies the days, the executive board will be notified and must call a meeting within 2 working days to review the documentation and enter into a vote to sustain or overrule the superintendent's decision. In the event the executive board votes to overrule the superintendent's decision, the union president or union president's designee will set up a meeting with the superintendent within 3 working days to discuss the rationale behind the board's vote to overrule her/his decision. The superintendent shall take this rationale into consideration before making a final decision, and she/he will notify the union president or union president's designee within 3 working days from the meeting as to her/his final action.*

**MEA Executive Board** (SUSTAINS | OVERRULES) the Superintendent's decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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