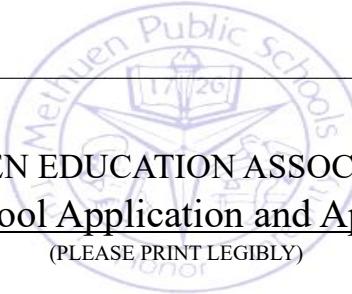


Name: _____
Phone: _____

Building: _____



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