

AUBURN PUBLIC SCHOOLS
INTENT TO TAKE PARENTAL LEAVE



Date: _____

To: Dr. Elizabeth Chamberland

From: _____

School: _____

In consideration of Article XIX and in compliance with the MA Parental Leave Act, please accept this letter as notification of my intent to take a parental leave beginning on or about _____ as I am / my partner is / my wife is expecting/adopting a baby/child (please circle appropriately). My anticipated date of return is _____.

[] In accordance with the MA Parental Leave Act, referred to in Article XIX of the 2021-2024 Auburn Education Association Agreement, I will be using _____ (up to Forty (40)) days of accumulated sick leave.

[] With the submission of a physician's order requiring an extended period of absence, I anticipate using an additional _____ days of accumulated sick leave.

[] In addition to the use of _____ total days of accumulated sick leave, I anticipate using _____ additional unpaid days.

I will stay in contact with my building principal to let her/him know of my return date once known for their planning and coverage purposes.

Signed, _____
Employee Signature

Employee Name (please print)

Date

Superintendent's Signature

Date

(A copy of this signed document will be returned to the teacher for her/his file.)

FOR OFFICE USE ONLY

Leave start date: _____

Expected return date: _____