

**WESTPORT COMMUNITY SCHOOLS  
WESTPORT, MASSACHUSETTS**

**AFSCME FAMILY SICK LEAVE REQUEST**

Employees wishing to access FAMILY SICK LEAVE must complete the following request form and forward it to their immediate supervisor. Each employee shall be allowed to use not more than seven (7) days of said days credited per year for family sick leave to be deducted from accrued sick leave, with the understanding that the superintendent or superintendent's designee can grant additional family emergency time in extraordinary circumstances if the employee submits a written request.

Family Sick Leave is defined as:

- a) An emergency illness or injury in the family that requires an employee to make arrangements for necessary medical and nursing care.
- b) A serious or critical illness in the immediate family or of any person for whose welfare the employee is solely responsible.
- c) The taking of either (1) a member of the immediate family or (2) a person for whose welfare the employee is solely responsible...

Employee Name: \_\_\_\_\_ School: \_\_\_\_\_

Please allow my absence on \_\_\_\_\_ to be counted as a

Family Emergency for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor

Comments: \_\_\_\_\_  
\_\_\_\_\_

=====

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools

Comments: \_\_\_\_\_