

**WESTPORT COMMUNITY SCHOOLS
WESTPORT, MASSACHUSETTS**

WFT Family Medical Leave Request

Article IX, H. "Not more than five (5) of said fifteen (15) sick days per year shall be allowed for any one family medical incident. Request for family medical leave will be documented and a copy of leave requests will be kept in the teacher's personnel folder. Family Medical Leave shall be defined as follows:

- a) A **medical** illness or injury to an immediate family member of the teacher that requires a teacher to attend to the immediate family member's medical or nursing care, and which cannot be performed outside of the regular workday. This shall be deemed to include transporting an immediate family member to and from the hospital. Immediate family member shall be defined in Article IX, H(8)(a)(j).
- b) A serious or critical illness to an immediate family member for whose care the teacher is solely responsible.

The Superintendent in his/her sole discretion may extend the family medical illness provision beyond five days."

Employees wishing to access Family Medical Leave must complete the following request form and forward it to their immediate supervisor.

Teacher's Name: _____ Date of Request: _____

I am requesting leave under option: a b (circle one)

for the following day(s): _____

Name of family member*: _____ Relationship: _____

Nature of medical incident: _____

Have you requested or will you be requesting any additional leave in connection with this incident? _____ If so, please explain: _____

Approved _____ Date _____
Principal/Supervisor

Comments: _____

Approved _____ Date _____
Superintendent

Comments: _____

*Immediate family is defined as life partner, children, father, mother, sister, brother, grandparents, or any other member of the same household.