

REQUEST FOR TIME UNDER THE
SMALL NECESSITIES LEAVE ACT

(To be completed and submitted to your Principal with a copy to the Superintendent of Schools.)

I am requesting the following time off for reasons covered under the Small Necessities Leave Act. If this need was foreseeable, I have provided at least seven (7) days notice, if it was not foreseeable, I have provided as much notice as possible. I understand that if eligible, this time will be counted towards the twenty-four (24) hour time bank allowed per calendar year under the Small Necessities Leave Act and the following Hadley Public Schools' Policy.

Requested time off: (date and time) _____

This time is for one of the reasons specified below:

- To participate in school activities directly related to educational advancement of a son or daughter of the employee, such as parent-teacher conferences or interviewing for a new school (school is a public or private elementary or secondary school, a Head Start program and/or a children's day care facility);
- To accompany the son or daughter of the employee to routine medical or dental appointments, such as check-ups or vaccinations; or
- To accompany an elderly relative of the employee to routine medical or dental appointments and for "other professional services related to the elder's care", such as interviewing at nursing or group homes. (An elderly relative is defined as one who is sixty (60) years of age or older and related by blood or marriage.)

I understand that if eligible, I will be using any paid time which I have available to cover this Small Necessities Leave Act time. If I do not have any paid time left, I understand that the time taken will be unpaid.

Employee Signature: _____

Date: _____

Approval and Designation of SNLA Time _____

Date: _____

Request received from: _____

Department: _____ Date of hire: _____

No. of hours worked in previous twelve (12) months: _____

Time requested: (date and time): _____

SNLA time taken this calendar year: _____

As of this date: SNLA time remaining: _____

Paid time remaining: _____

Approved:

_____ As requested

_____ With the following modifications: _____

Not Approved:

_____ Employee is ineligible due to length of employment, i.e. less than one year.

_____ Employee has worked less than 1250 hours in the previous 12 months.

_____ The reason for the requested time off does not fall under the guidelines of the Act.

_____ SNLA entitlement has been exhausted for the current period.

_____ Other: _____

Principal: _____ Date: _____

Copies distributed: Employee _____ Principal:

Superintendent: _____ Payroll: _____

Name: _____

Anticipated dates of leave of absence: _____

Types of leave: _____

Date of hire: _____

Benefit time as of: _____

_____ Personal time

_____ Vacation time

_____ Total

As of _____ worked _____ hours in the previous fifty-two (52) weeks.

Eligible for SNLA? _____ Yes _____ No

Previous SNLA and dates: _____

Comments: _____

Approved by: _____ Date: _____

Adopted By The
Hadley School Committee: May 19, 2014

Reviewed by Hadley School Committee: April 30, 2019