

Newton Public Schools
Office of Human Resources
Absence Notification

To be used for short-term absences other than personal illness, in conjunction with school absence procedures
Final determination for time off with or without pay is subject to approval by the Director of Human Resources

Name: _____

School/Dept.: _____ Position: _____

Date(s) of Absence: From: _____ To: _____ Total No. of Days: _____

Reason for Absence: Check appropriate reason and note specifics. If necessary, attach a letter of explanation.

Family Illness Day – Using Personal Illness Day (up to 5 per year for full-time employees in Units A, B, C, & E only)

NTA members may use up to 5 of their own personal illness days per year for illness in the immediate family*

Prior permission is helpful for planning, though not required.

☐ Family Illness Day – Using Personal Illness Day State relationship: _____

* Immediate family is defined as mother, father, mother-in-law, father-in-law, brother, sister, wife, husband, child, grandchild, grandparents, near relatives residing within the household of the employee and same sex partner.

Personal Day (up to 2 per year for employees in Units A, B, C, E & NESA; 1 day for some Unit D members)

☐ Personal Day - for urgent personal business as judged by the employee (see contract)

Units A, B, C, D, E & NESA: The purpose of taking the personal days may not be used to get an early start on or to intentionally lengthen a holiday or vacation or to simplify travel arrangements.

Other Day (up to 4 per year for full-time employees in Units A, B, C, E & NESA)

- ☐ Serious illness of a close family member or dear friend
- ☐ Death of a close family member or dear friend
- ☐ Holy day/religious observance
- ☐ Court appearance by summons (not jury duty)
- ☐ Commencement exercises (employee, spouse or child)

- ☐ Automobile accident*
- ☐ Attendance required at educational institution*
- ☐ MTA Annual Meeting*
- ☐ Selective Service examination*

***See contract for details – these days do not apply to NESA members**

Professional Purpose (requires pre-approval)

☐ Conference/Workshop Title/Location: _____

Other Reason (not listed above)

- ☐ Jury Duty
- ☐ Special Circumstances (please provide relevant information, attach additional page if necessary)

Unpaid Day (if allotted personal/family days have already been used or if paid leave is not approved)

☐ Unpaid day Explain: _____

Signatures

Employee: _____ Date: _____

Principal/Supervisor: _____ Date: _____

Comments: _____

Director of Human Resources: _____ Date: _____