

HUDSON PUBLIC SCHOOLS  
HUDSON, MASSACHUSETTS

PARENTAL LEAVE OF ABSENCE REQUEST- NOT FMLA

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Assignment: \_\_\_\_\_

Expected date of delivery: \_\_\_\_\_

Date on which leave is to begin: \_\_\_\_\_

Date on which you expect to return: \_\_\_\_\_

Please check appropriate option:

Up to 8 weeks of Parental leave under MA state Parental Law.

Remainder of school year in which child is born.

Remainder of school year in which child is born and the school year - following.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETE AND FORWARD TO THE HUMAN RESOURCES OFFICE

Please return this form to:

Human Resources Assistant  
155 Apsley Street  
Hudson, MA 01749