



City of Brockton

BROCKTON PUBLIC SCHOOLS

Kathleen A. Smith, JD ♦ Superintendent of Schools

Date: _____

Dr. Kathleen F. Moran
Executive Director of Human Resources
Brockton Public Schools
43 Crescent Street
Brockton, MA 02301

Dear Dr. Moran,

I am currently employed by the Brockton Public Schools as a _____

at the _____ school.

I am writing to request an unpaid leave of absence under the terms of the Family Medical Leave Act for the reason stated below.

I am requesting that this leave of absence begin on _____ and I

expect to return to work on _____.
month/date/year

Sincerely,

Signature

Address

Telephone Number