CAMBRIDGE PUBLIC SCHOOLS
159 THORNDIKE STREET
CAMBRIDGE, MA 02141

STAFF ON ASSIGNMENT REQUEST

Today's Date: _____

REQUEST MUST BE SUBMITTED AT LEAST 10 BUSINESS DAYS IN ADVANCE
(FAILURE TO COMPLY MAY JEOPARDIZE APPROVAL)

A. General information to be completed by staff member (must be typed or printed)

Name: _____ School/Position: _____

School date(s) of assignment: _____ Number of days: _____

Location of assignment: _____

Your attendance has been requested by: _____
(Administrator/Organization)

Reason for leave request: _____

Will a substitute be needed? Yes ☐ No ☐ Will a paraprofessional sub? Yes ☐ No ☐

If yes, indicate funding source(s) below:

Acct/Obj.	Fund	Org/(AU/Prog.)	Proj./Grant
5		8	SC
5		8	SC

Outside Agency:
Agency Name: _____ Contact person: _____

Street: _____ City _____ State _____ Zip _____

Telephone: _____ Email: _____

IF FUNDING SOURCE IS NOT INDICATED, APPROPRIATE AU/PROGRAM BUDGET WILL BE CHARGED

B. All approvals must be secured from appropriate administrator(s) by the staff member prior to submission of this form to the Deputy Superintendent of Teaching and Learning.

Principal	Dean of Curriculum	Director/Coordinator	Carolyn L. Turk Deputy Superintendent

C. Please be advised that the leave you have request has been/is:

☐ Approved with pay ☐ Approved without pay ☐ Has not been approved

☐ Subject to Substitute availability

C: Deputy Superintendent for Teaching & Learning (original)
Dean of Curriculum (if applicable)
Director/Coordinator (if applicable)
Principal
Financial Operations
Staff Member

9/09