

EAST MILLINOCKET/MEDWAY SCHOOL DEPARTMENT

REQUEST FOR PERSONAL OR EXCUSED LEAVE

NAME: _____ DATE: _____

DATES OF REQUESTED LEAVE: _____
(Please indicate if only 1/2 day(s))

Sick Personal Vacation

EMPLOYEE SIGNATURE: _____

Office Use Only

PRINCIPAL'S APPROVAL: _____ DATE: _____

_____ Days Personal Leave **DON'T PAY** Substitute (1 day allowed per year for **Teachers ONLY**)
(2 days allowed per year for **Support Staff ONLY**)
_____ Days Personal Leave **PAY** Substitute (2 days allowed per year for Teachers)

SUPERINTENDENT'S APPROVAL: _____ DATE: _____

_____ Days Excused Leave **WITH/WITHOUT PAY** (**Excused leave may only be requested after all personal days have been used**)

Principal's approval can only be given on Personal Leave per contract, Excused Leave **must** be approved by the Superintendent.
Requests for long term Leave of Absence should be submitted by letter to the Superintendent and School Committee.

Office Use Only

Recorded _____ Billed _____

SUBMIT ONE COPY TO CENTRAL OFFICE