

**Ellsworth School Department
Food Service Staff
Leave Request**

Location: _____

Employee Name: _____

Date(s) of Requested Leave:

_____ **Personal Day** Reason _____

(Requests for personal leave, which are deducted from accrued sick leave, shall be made in writing three (3) days in advance except for unforeseen circumstances and may only be used for business that cannot be conducted outside of school hours and the employee's presence is of a compelling nature.)

_____ **Sick Leave**
_____ Self (Personal Illness / Injury)
_____ Immediate Family Illness Leave
_____ Other _____

_____ **Bereavement Leave**
(Immediate Family)

_____ **Funeral Leave**
(Other family/close friends)

_____ **Leave of absence** Reason Given: _____

_____ **Jury Duty**
(Attach jury duty summons)

_____ **Military Leave**
(Attach copy of orders)

Employee Signature _____

Date _____

Supervisor's Signature _____

Date _____

Supervisor: OK _____
_____ # of Hrs Available, if Applicable
_____ No Leave Available

Superintendent's Signature _____

Date _____

Superintendent: Check One Box
_____ Approved with pay
_____ Approved without pay
_____ Not Approved