

**Ellsworth School Department
Custodial Staff
Leave Request**

Employee Name: _____

Location: _____

Date(s) of Requested Leave:

_____ **Personal Day** **Reason (Circle One):** **Legal** **Religious** **Family Matters**

(Requests for personal leave shall be made in writing three (3) days in advance except for unforeseen circumstances and shall not be used to extend a holiday or vacation. Under ordinary circumstances only one (1) member may use this privilege in any one (1) day.)

_____ **Sick Leave**
 _____ **Self (Personal Illness / Injury)**
 _____ **Immediate Family Illness Leave**
 (Limit of 40 hours per year if available)
 _____ **Other** _____

_____ **Vacation**

_____ **Bereavement Leave**
 _____ (Immediate Family)
 _____ (Other family)

_____ **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