

**Ellsworth School Department
Bus Driver
Leave Request**

Employee Name: _____

Location: _____

Date(s) of Requested Leave:

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

(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 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 (3 paid leave days after 25 years of service, request must be made at least 60 days in advance, only one (1) member may use this benefit on any one (1) day.)

Bereavement Leave (To used exclusively for preparation for funeral and attendance thereof)
_____ (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