

Ellsworth School Department Administrator Leave Request

Employee Name: _____

Location: _____

Date(s) of Requested Leave:

_____ Personal Day Reason Given: _____
(At discretion of Superintendent)

_____ Vacation Day

_____ Sick Leave

_____ Self (Medical Appointment/Procedure)

_____ Family Illness Leave

_____ Other _____

_____ Bereavement Leave Relation to Employee _____
(At the discretion of the Superintendent)

_____ Leave of Absence Reason Given: _____

_____ Jury Duty
(Attach jury duty summons)

_____ Military Leave
(Attach copy of orders)

Professional Leave is requested by completing the "REQUEST FOR PRIOR APPROVAL OF PROFESSIONAL LEAVE OR COURSE EXPENSE FORM"

Administrator's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Superintendent's Signature _____

Date _____

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