

**Ellsworth School Department  
Administrative Assistant  
Leave Request**

Employee Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s) of Requested Leave:
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\_\_\_\_\_ **Personal Day**    **Reason (Circle One):**    **Legal**    **Religious**    **Family Matters**

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

\_\_\_\_\_ **Sick Leave**

- \_\_\_\_\_ Self (Personal Illness / Injury)
- \_\_\_\_\_ Immediate Family Illness Leave  
(Limit of 40 hours per year if available)
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **Vacation**    (Request must be made at least 10 days in advance if taking five days or fewer; or 30 days in advance if taking more than five days.)

\_\_\_\_\_ **Bereavement Leave**    (To be 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)

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

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 Approve