

**Ellsworth School Department
Teacher Leave Request**

Employee Name: _____

Location: _____

Date(s) of Requested Leave:

_____ **Personal Day** Reason Given: _____
(requests must be submitted in writing 3 days in advance of intended leave)

Extend School Break-first/last day of school _____ (one time in 3 yrs)
Extension of a Holiday _____ (at the discretion of Supt.)

_____ **Sick Leave**
_____ Self (Medical Appointment/Procedure)
_____ Immediate Family Illness (limit 15 days per yr)
_____ Other _____

_____ **Bereavement Leave**
(Immediate Family)

_____ **Funeral Leave**
(Other relatives or very close friends)

_____ **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 Days Available, If Applicable
_____ No Leave Available

Superintendent's Signature _____

Date _____

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