

**Ellsworth School Department
Educational Technicians
Leave Request**

Employee Name: _____

Location: _____

Date(s) of Requested Leave:

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

(A personal day may only be used for business that cannot be conducted at another time and may not be used for recreational purposes, monetary gain from other employment or to extend a holiday or vacation period without the prior approval of the Superintendent. An employee planning to use a personal leave day shall notify his/her supervisor at least three (3) days in advance, except in cases of emergency.)

_____ **Sick Leave**

_____ Self (personal illness/injury)

_____ Immediate Family Illness

(Up to 40 hours per year for Immediate Family if necessary)

_____ Other _____

_____ **Bereavement Leave**

(Up to five (5) days in the event of death in the employee's immediate family and/or household, with one of those days for other relatives or 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 Hours Available, If applicable
_____ No Leave Available

Superintendent's Signature _____

Date _____

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