

**Ellsworth School Department
Educational Technicians
Leave Request**

Employee Name: _____

Location: _____

Date(s) of Requested Leave:

_____ **Earned Paid Leave** (Earned Paid Leave shall run concurrently with other paid leave for which employee is eligible, such as sick or personal, and shall not be used for more than three (3) consecutive work days. Planned EPL shall not be used on days immediately before and / or after a holiday or vacation period, or on any other days determined by the employee's supervisor to conflict with the school unit's operational needs without prior approval of the Superintendent.) **INDICATE BELOW IF TAKING TIME FROM SICK / PERSONAL or LONGEVITY.**

EPL HRS AVAILABLE: _____ Sick: Personal: Longevity:

EPL HRS REQUESTED: _____

_____ **Personal Leave** (Personal Leave 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. Such requests must be made not less than five (5) working days before the requested leave may begin.)

_____ **Sick Leave**

_____ Self (personal illness/injury, medical appt)

_____ Immediate Family Illness

_____ Other _____

_____ **Bereavement Leave**

(Please refer to current Collective Bargaining Agreement for details)

_____ **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