

SCHOOL ADMINISTRATIVE UNIT 18

ADMINISTRATION/SUPPORT STAFF LEAVE REQUEST FORM

Leave Request for: (Check One)

- Personal* Vacation Jury Duty
- Funeral/Relationship _____ Family Medical Leave Act
- Other ** (Specify) _____

I, _____, hereby request that I be allowed
 _____ day(s) of leave as indicated above on the following date(s):

**Personal Leave Statement: I hereby certify that the personal business for which I am requesting personal leave cannot be conducted outside of the working day.*

| | | |
|------------------------------|--------------------------|------|
| | Staff Member | Date |
| [] Approved [] Disapproved | Principal/ Administrator | Date |
| [] Approved [] Disapproved | Bookkeeper | Date |
| [] Approved [] Disapproved | Superintendent | Date |

Comments: _____

Please submit this completed form to the appropriate administrator at least **one week prior to planned activity. A copy will be returned to you after action is taken on request.*

****When asked to attend a workshop, please fill out a Professional Approval Form with the appropriate information. Do not use this form.**