

# LISBON SCHOOL DEPARTMENT – REQUEST FOR LEAVE FORM

## \*\*\*PROFESSIONAL STAFF\*\*\*

NAME: \_\_\_\_\_ SCHOOL/POSITION: \_\_\_\_\_

I request the following leave:

\_\_\_\_\_ Personal Leave\* (Art. XX, A.6.)    \_\_\_\_\_ Bereavement Leave (Art. XX, A.3.)    \_\_\_\_\_ Professional/Conference\*\* (Art. XX, A.1.)    \_\_\_\_\_ Jury Duty\*\* (Art. XX, A.8.)  
\_\_\_\_\_ Planned Sick\*\*\*    \_\_\_\_\_ Family Sick\*\*\*    \_\_\_\_\_ Other\*\*

\* Personal leave shall not be taken for recreational purposes but may be taken to travel to or attend graduations or weddings. All personal leave shall be deducted from sick leave. A notice of twenty-four (24) hours shall be given to the principal unless mutually waived. In emergency situations the Principal may waive the twenty-four (24) hour prior notice requirement. When waived, written request to be filed in principals' office as soon as possible after the leave of absence. **Reason for Personal Leave need not be given except in the following cases: 1) when taken on a curriculum day or before or after school vacation or school holiday. 2) when requested to be taken after May 1<sup>st</sup> of each school year.**

\*\* Please attach supporting documentation.

\*\*\* Planned/Family Sick leave is only meant to be used for medical related appointments/procedures or if the employee is taking care of a sick family member.

REASON FOR REQUEST: \_\_\_\_\_  
(Bereavement; Professional/Conference, Planned/Family Sick, Other; Personal Leave when appropriate as indicated above)

LEAVE DATE(S) REQUESTED: \_\_\_\_\_ ☐ Full Day ☐ ½ Day  
(Please indicate) ☐ a.m. ☐ p.m.

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
(Staff Member)

Requesting a sub? \_\_\_\_\_ YES \_\_\_\_\_ NO    LHS Only:  
Do you have a preference? If so, whom?    Red Day: \_\_\_\_\_  
Name of substitute: \_\_\_\_\_    White Day: \_\_\_\_\_  
Requesting District Van? \_\_\_\_\_ YES \_\_\_\_\_ NO

(Mileage will not be reimbursed if van not requested)  
Please complete and attach a Field Trip Request Form if selecting the use of a van.

### ADMINISTRATOR'S RECOMMENDATION:

\_\_\_\_\_ DENIED    REASON: \_\_\_\_\_  
\_\_\_\_\_ APPROVED    SIGNATURE: \_\_\_\_\_  
(Administrator)

### SUPERINTENDENT'S ACTION:

\_\_\_\_\_ DENIED    REASON: \_\_\_\_\_  
\_\_\_\_\_ APPROVED    SIGNATURE: \_\_\_\_\_  
(Superintendent)

Original to Personnel File

Copy to: Staff Member, Administrator, Payroll

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