

# LISBON SCHOOL DEPARTMENT – REQUEST FOR LEAVE FORM

\*\*\*SUPPORT STAFF\*\*\*

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

I request the following leave:

\_\_\_\_\_ Personal Leave\* (Art. XII, A.2.) \_\_\_\_\_ Bereavement Leave (Art. XII, A.3.) \_\_\_\_\_ Professional/Conference\*\* (Art. XII, A.4.) \_\_\_\_\_ Jury Duty\*\* (Art. XII, A.5.)

\_\_\_\_\_ Planned Sick\*\*\* \_\_\_\_\_ Family Sick\*\*\* \_\_\_\_\_ Vacation \_\_\_\_\_ Other\*\*

\*Personal business is defined as business which cannot be performed at any other time and which would cause the employee to lose wages if the provision were not in effect. Personal Leave cannot be taken the day before or the day after a vacation or holiday and shall not be taken for recreational reasons. The Request shall be made in writing to the principal or supervisor not less than two (2) days prior to using such leave except in cases of emergency the notification rule is waived. The employee shall not be required to give a reason. Personal leave days taken after May 1 of each school year shall be limited to five (5) employees per work day on a first come first served basis except for documented emergencies.

\*\* 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. Employees may use up to (5) sick leave days per year for care of an ill immediate 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

04092018 (PINK)