

LISBON SCHOOL DEPARTMENT - REQUEST FOR LEAVE FORM  
\*\*\* ADMINISTRATORS \*\*\*

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

I request the following leave:

\_\_\_\_ Personal Leave                      \_\_\_\_ Vacation  
\_\_\_\_ Bereavement Leave                  \_\_\_\_ Professional/Conference  
\_\_\_\_ Sick (planned absence)              \_\_\_\_ Other  
\_\_\_\_ "Variable Time" (i.e., work at home during school vacation)

REASON FOR

REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEAVE DATE(S) REQUESTED: \_\_\_\_\_ a.m. p.m.  
(Please indicate full day or 1/2 day.)

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
(Administrator)

Requesting District Van? \_\_\_\_ YES \_\_\_\_ NO (Mileage will not be reimbursed if van not requested)

**Please complete and attach Field Trip Request Form if selecting use of the van**

SUPERINTENDENT'S ACTION:

\_\_\_\_ DENIED              REASON: \_\_\_\_\_

\_\_\_\_ APPROVED              SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Superintendent)

Original to Personnel File  
Copy to: Administrator  
Payroll  
Sjc 031710 (BLUE)