

## LISBON SCHOOL DEPARTMENT- REQUEST FOR LEAVE FORM

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

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

I request the following leave:

☐ Personal Leave    ☐ Bereavement Leave    ☐ Professional/Conference    ☐ Comp Time  
☐ Vacation    ☐ Jury Duty    ☐ Planned Sick    ☐ Family Sick    ☐ LWOP

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

LEAVE DATE(S) REQUESTED: \_\_\_\_\_ ☐ Full Day    ☐ 1/2 Day  
(Please indicate) ☒ a.m.    ☒ p.m.

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

Requesting a sub?    ☐ YES    ☐ NO

REQUESTING DISTRICT VAN?    ☐ YES    ☐ NO    (Mileage will not be reimbursed if van not requested)

Do you have a preference? If so, whom?

Name of substitute: \_\_\_\_\_

Substitute assigned: \_\_\_\_\_

### ADMINISTRATOR'S RECOMMENDATION:

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

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

### SUPERINTENDENT'S ACTION:

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

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