

LEWISTON SCHOOL DEPARTMENT

Request for Leave for Administrators

I request the following leave:

Date(s): _____

Reason (professional/vacation/non-work days):

Print Name: _____

Date: _____

Signature: _____

Superintendent's Action

_____ **Approved**

_____ **Denied**

Reason: _____

Superintendent of Schools

Please submit to the Superintendent of Schools.