

**REQUEST FOR LEAVE – EDUCATIONAL TECHNICIANS
LEWISTON SCHOOL DEPARTMENT**

Print Name _____ School _____

Signature _____ Today's Date _____

I request the following leave:

- 1) _____ Personal Leave (Art XIV,D) Date(s) _____
REASON _____
- 2) _____ Illness in the Immediate Family (Art XIV, C) Date(s) _____
Specify Family Member _____
- 3) _____ Bereavement Leave (Art XIV, B) Date(s) _____
Specify Family Member _____
- 4) _____ Jury Duty (Art XIV, A) Date(s) _____
- 5) _____ Professional Leave (Art XIV, E) Briefly describe the specific purpose of this
Professional Leave and how it will enhance your future contributions to the
school system. (Please attach a copy of any brochure or flyer.)
Date(s) _____

Requesting a Sub? _____ Yes _____ No ANSWERING SERVICE 753-6220

NAME OF SUB: _____

PLEASE CALL THE ANSWERING SERVICE AS SOON AS YOU RECEIVE APPROVAL FOR YOUR
REQUEST SO THAT WE MAY SECURE A SUB.

Principal's Action:

Funding Source for Professional Leave Request _____

_____ Approved Signature: _____ Date: _____
(Principal)

_____ Denied Reason: _____

Superintendent's Action:

_____ Approved Signature: _____ Date: _____
Director of Human Resources

_____ Denied Reason: _____

Payroll Action _____ Date: _____

Human Resources Action _____ Date: _____
Admin. Asst. Human Resources

TJ/lmb
11/8/06