

**LEWISTON SCHOOL NUTRITION
REQUEST FOR LEAVE**

DATE _____

I request the following leave:

_____ Medical - Physician's statement must be attached

_____ Bereavement (Article XIII, Section 4)

_____ Personal

_____ Other

Date(s) leave requested _____ through _____

Reason for request: _____

Signature _____ Date _____

MANAGER'S ACTION

_____ Approved

_____ Denied Reason: _____

Manager's Signature _____ Date _____

DIRECTOR'S ACTION

_____ Approved

_____ Denied Reason: _____

Director's Signature _____ Date _____

SUPERINTENDENT'S ACTION

_____ Approved

_____ Denied Reason: _____

Superintendent's Signature _____ Date _____

All leaves of absence shall be submitted five (5) working days prior to date of requested leave.

Notification to Employee & Manager _____ Date _____