

For Office Use Only:
 Posted In Book: _____
 Batch # _____
 Posted in Tracker: _____

BIDDEFORD SCHOOL DEPARTMENT

LEAVES OF ABSENCE / EXTENDED SICK LEAVE

For Office Use Only:
 CC to: _____
 (School)
 Date: _____

I _____, am requesting a leave of absence for _____
 (employee name – please print) (date(s))

Full Day Half Day am
 (please check one) pm

CLASSIFICATION: (Please check one)

_____ Vacation (if applicable) _____ Bereavement (Immediate Family)
 Relationship: _____

_____ Unpaid Leave _____ Bereavement (Other)
 Relationship: _____

_____ Sick Leave (Notification of personal extended illness or surgery,
 immediate family illness or surgery, etc.) _____ Medical (Family Medical Leave Act) (FMLA)
 unpaid accumulated sick time

_____ Unclassified (Per Teacher Contract Only) _____ Legal Leave (Required by Law to Attend)

_____ Professional (attach documentation) Has been registered by school Has requested _____ funds

_____ Personal-Non Teacher (check one) Religious Personal Legal Business Household/Family Emergency

NOTE: Personal leave cannot be used for vacation or recreational purposes or to conduct business related to other employment.

_____ Personal-Teacher's Only (14 Day Advance Notice) **Reason:** _____
 I am requesting a waiver of the _____
 \$60 payroll deduction _____
(Mondays & Fridays Only) _____
 (If more room is needed, please use back of sheet.)

Submitted by: _____ **Received by** _____
 (Employee Signature) (Date) (Principal/Director) (Date)

_____ Approved
 _____ Denied _____ (Superintendent/Designee) _____ (Date)

Request for reimbursement of conference costs MUST be submitted with leave request BEFORE event.

_____ Mileage Number of Miles _____ Lodging (If not covered by registration) Cost _____
 (attach receipts)

_____ Registration Fee Cost _____ Other Fees (parking, tolls, meals, etc.) Cost _____
 (attach receipts)

Submitted by: _____ _____
 (Principal/Director) (Date)

_____ Approved
 _____ Denied _____ (Superintendent/Designee) _____ (Date)