

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) <input type="checkbox"/> unpaid <input type="checkbox"/> accumulated sick time
_____ Unclassified (\$60 Deduction Per Teacher Contract Only)	_____ Legal Leave (Required by Law to Attend)
_____ Professional (attach documentation) <input type="checkbox"/> Has been registered by school <input type="checkbox"/> Has requested _____ funds	
_____ Personal-Non Teacher (check one) <input type="checkbox"/> Religious <input type="checkbox"/> Personal Legal Business <input type="checkbox"/> Household/Family <input type="checkbox"/> Emergency	

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

_____ Personal-Teacher's Only (7 Day Advance Notice) I am requesting a waiver of the \$60 payroll deduction (Mondays & Fridays Only)	Reason: _____ _____ _____ _____ (If more room is needed, please use back of sheet.)
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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) (attach receipts)	Cost _____
_____ Registration Fee	Cost _____	_____ Other Fees (parking, tolls, meals, etc.) (attach receipts)	Cost _____

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

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