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 ☐ pm
(please check one)

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 **($60 Deduction** 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
(7 Day Advance Notice)

_____ I am requesting a waiver of the **$60 payroll deduction**
(Mondays & Fridays Only)

NOTE: If requesting a waiver of the $60, an explanation for the waiver must be attached to this form.

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, etc.) Cost _____
(attach receipts)

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

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

(Form Revised September 2011)