

# Maine School Administrative District #12

## REQUEST FOR LEAVE

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

**Use separate form for each pay period**

Days of the Week: \_\_\_\_\_ Monday \_\_\_\_\_ Thursday  
\_\_\_\_\_ Tuesday \_\_\_\_\_ Friday Total # of Days  
\_\_\_\_\_ Wednesday **1/2 days - AM or PM**

**Please Check the Following:**

- \_\_\_\_\_ Absent without Leave (non paid)
- \_\_\_\_\_ Sick Leave
- \_\_\_\_\_ Personal Leave
- \_\_\_\_\_ Bereavement Leave-Immediate Family
- \_\_\_\_\_ Bereavement Leave-Other Family/Friend
- \_\_\_\_\_ Vacation Leave
- \_\_\_\_\_ Military/Court Leave
- \_\_\_\_\_ Other: Explain: \_\_\_\_\_
- \_\_\_\_\_ Earned Paid Leave \_\_\_\_\_ #of hours

*Teachers please note: Personal leave cannot be used to extend a scheduled school year vacation. If you are requesting an extended leave, please complete a "leave of absence" form.*

Requested Substitute: \_\_\_\_\_

My duties for this day include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I only need coverage for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ REASON \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED IN OFFICE: \_\_\_\_\_ INITIALS \_\_\_\_\_ FORWARDED TO: \_\_\_\_\_

SUBSTITUTE SCHEDULED: \_\_\_\_\_ REGISTRATION COMPLETED: \_\_\_\_\_

DATE FILED: \_\_\_\_\_