

**MILLINOCKET SCHOOL DEPARTMENT  
REQUEST FOR PERSONAL DAY OR EXCUSED LEAVE  
TEACHER'S CONTRACT, SUPPORT STAFF CONTRACT, SPECIAL ED/FOOD SVS CONTRACT**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DATES OF REQUESTED LEAVE: \_\_\_\_\_

**Circle appropriate option:**

1. Employee DOESN'T REIMBURSE for the substitute (2 day allowed per school year all contracts listed above):

1 Day      2 Days      ½ Day AM      ½ Day PM

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2. Employee REIMBURSES for the substitute (1 day allowed per school year for employees under Teacher's Contract):

*\*Teacher contract employees required by contract to reimburse the school department for 1 day used even if a substitute is not hired - \$77/day; \$38.50/half day. Employee's signature below authorizes payroll deduction.*

1 Day                      ½ Day AM                      ½ Day PM  
Reimb \$77                      Reimb \$38.50                      Reimb \$38.50

\*\*\*\*\*

3. Excused leave without pay:

1 Day      2 Days      ½ Day AM      ½ Day PM      Other \_\_\_\_\_

**Excused leave may only be requested after all personal days have been used.** Approval is at the discretion of the Superintendent. Request for long-term Leave of Absence should be submitted by letter to the Superintendent.

**Additional information required for excused leave:** \_\_\_\_\_

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**\*My signature below indicates authorization for the Millinocket School Department to deduct the reimbursement amount indicated above in item two (2) from the next payroll following the days requested.**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Office Use Only	
<b>BUILDING ASSISTANT PRINCIPAL'S APPROVAL:</b>	
Signature: _____	Date: _____
<b>PRINCIPAL'S/DEPARTMENT HEAD'S APPROVAL:</b>	
Signature: _____	Date: _____
<b>SUPERINTENDENT'S APPROVAL:</b>	
Signature: _____	Date: _____