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

EMPLOYEE'S NAME: _____ **TODAY'S DATE**: _____

1. Employee **DOESN'T REIMBURSE** for the substitute - 2 days allowed per school year all contracts listed above**:**

   Circle appropriate option: 1 Day 2 Days ½ Day AM ½ Day PM

   List Date(s): _____

2. Teacher's Contract Employees **REIMBURSE** for the substitute - 1 day allowed per school year for employees under Teacher's Contract after the 2 days are used in option 1. **Teacher's contract employees required to reimburse the school department for 1 day used, even if a substitute is not hired. *Employee's signature below authorizes payroll deduction:**

   Circle appropriate option:

1 Day	½ Day AM	½ Day PM
Reimb $85	Reimb $42.50	Reimb $42.50

   List Date(s): _____

3. Excused leave **WITHOUT PAY**:

   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 in writing to the Superintendent.

   List Date(s): _____

   Explanation required for excused leave without pay: _____

   _____

***My signature below indicates authorization for the Millinocket School Department to deduct the reimbursement amount indicated above in option 2 from the payroll following the days requested. Otherwise, my signature indicates request for personal or excused leave as selected above.**

EMPLOYEE SIGNATURE: _____ DATE:_____

BUILDING ASSISTANT PRINCIPAL, PRINCIPAL, OR DEPARTMENT HEAD'S APPROVAL:

Signature: _____ Date: _____

SUPERINTENDENT'S APPROVAL:

Signature: _____ Date: _____

Option 2 Payroll Deduction Date: _____

8/2019