

MILLINOCKET SCHOOL DEPARTMENT

ADMINISTRATIVE, CUSTODIAL, AND CENTRAL OFFICE EMPLOYEES REQUEST FOR AND RECORD OF EXCUSED LEAVE

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

All vacation, personal days, and leave without pay need prior approval of the Facilities Director (for custodial staff) and Superintendent.

VACATION DAY(S) REQUESTED: _____

PERSONAL DAY(S) REQUESTED: _____

LEAVE WITHOUT PAY: _____

Employee Signature: _____

Facilities Director Approval Date

Superintendent's Approval Date

Please fill in dates below for any excused leave other than personal and vacation and submit to Central Office for payroll records. These don't require prior approval.

ALL OTHER DAYS OF EXCUSED LEAVE (list dates):

PERSONAL SICK LEAVE: _____

FAMILY MEDICAL LEAVE: _____

MEDICAL APPOINTMENT LEAVE: _____

BEREAVEMENT: _____