

Bow and Dunbarton School Districts - SAU #67
Leave Request Form

Name: _____ Date: _____

School/ Dept: _____ Position: _____

Leave Date(s) Requested, (list times for partial days): _____

Substitute needed? Yes or No (**Circle One**) If yes, day(s) and time(s) or periods/duties _____

Type of Leave Requested:

____ Sick Leave ____ Sick Leave - Family Care ____ Personal
____ NEA Delegate ____ Vacation (Year-Round Only) ____ Professional
____ Non-contract time ____ Comp Time (only for those who manage substitutes)
____ Bereavement (Relationship to applicant _____)

NOTE: Personal leave that extends a vacation or holiday, leave that is beyond the contractual allowance, or leave that exceeds the contractual daily limit requires a reason and approval by the Superintendent. Please attach a separate letter stating the circumstances for requested non-contractual leave.

Employee's Signature: _____

____ Request is Approved

____ Request requires approval by Superintendent (**Circle One**): **(1)** contiguous to vacation or holiday, **(2)** exceeds contractual limit for the employee, **(3)** exceeds daily contractual limit staff) - Attach Letter.

____ Request is Denied

Supervisor comments: _____

Supervisor signature: _____ Date: _____

Superintendent's signature: _____ Date: _____

School year employee leave forms approved by supervisor are filed at the school -- all others go to the SAU for filing.