

Maine School Administrative District #49

Albion ♦ Benton ♦ Clinton ♦ Fairfield

TEMPORARY LEAVE REQUEST for Support Staff

Printed Name: _____

Please Check Applicable Request:

- Bereavement Leave: Name & Relationship to you: _____
- Comp. Time _____
- Jury Duty (attach notice)
- Personal Leave (personal days are deducted from sick leave)
- Pre-Approved Sick Time
- Vacation

Miscellaneous Information: _____

School: Albion LHS
 Benton LHS
 Clinton Other _____
 Fairfield Prim.

Requested Day(s): _____

Date Submitted: _____

Employee's Signature: _____

Supervisor:	Recommendation: Approve <input type="checkbox"/> Deny <input type="checkbox"/>
	Supervisor's Signature: _____ Date: _____