

REGIONAL SCHOOL UNIT #20

Belfast • Belmont • Frankfort • Morrill • Northport
Searsmont • Searsport • Stockton Springs • Swanville

NOTIFICATION OF TEMPORARY LEAVE OF ABSENCE FOR EDUCATIONAL SUPPORT PERSONNEL

Employee's Name: _____ School: _____

Please complete as indicated.

I will be on temporary leave of absence, with pay, on (date): _____

This leave is taken in accordance with the following provisions of the contract.

ESP personnel shall be entitled to the following temporary non-accumulative leaves of absence with full pay each school year. (Check appropriate reason for leave.)

Three (3) days of leave of absence for legal _____, business _____, household _____, or family matters _____ which require absence during school hours. The request for leave shall be made to the principal or other immediate supervisor at least three (3) days before taking such leave except in the case of emergencies. **Leave taken under this section shall not be used for recreational purposes.**

Employee's Signature Date: _____

Notification Acknowledged By:

Principal's/Supervisor's Signature Date: _____

Superintendent/Board Action, When Necessary: _____

Superintendent's Signature Date: _____